DOCUMENT RESUME

ED 104 533

PS 007 755

AUTHOR

Pizzo, Peggy Daly

TITLE INSTITUTION The Infant Day Care Debate: Not Whether But How. Day Care and Child Development Council of America,

Inc., Washington, D.C.

PUB DATE

73 29p.

EDRS PRICE DESCRIPTORS MF-\$0.76 HC-\$1.95 PLUS POSTAGE

*Child Care; Child Care Centers; Child Care Workers; *Childhood Needs; Child Rearing; *Day Care Services; Environmental Influences; Family Day Care; *Infants;

Parent Responsibility: *Program Descriptions: Safety:

Social Development; Stimulation

ABSTRACT

This booklet describes the kinds of child care arrangements parents can currently make for children under three years of age. Some of the essential features of these arrangements are discussed: continuity of care, safe environments, consistency in parent and caregiver child-rearing values, stimulation for the children, social play, and some mechanisms for parent control which have the approval of both the parent and caregiver. The advantages and disadvantages of eight types of child care arrangements are examined: (1) live-out caregiver, (2) live-in babysitter, (3) exchange babysitting, (4) neighborhood group day care, (5) work-based group care, (6) family day care, (7) playgroup, and (8) minicenters. Suggestions for reducing some of the disadvantages are offered. (SDH)

THE INFANT DAY CARE DEBATE:

NOT WHETHER BUT HOW

by

Peggy Daly Pizzo

U.S. OEPARTMENT OF HEALTH.
EQUICATION & WELFARE
NATIONAL INSTITUTE OF
EOUCATION
THIS DOCUMENT HAS BEEN REPROOUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF
EOUCATION POSITION OR POLICY.

Day Care and Child Development Council of America 1012 - 14th Street, N.W. Washington, D.C. 20005



"Children under the age of three don't belong in day care!" say some.
"The benefits of day care for infants and toddlers should be available to all families" say others. There is currently much debate over the effects of day care on children under the age of three. But while the debate rages, more and more parents are using some sort of child care arrangement for their infants and toddlers.*

In this paper, it is not my intention to present the arguments pro and con infant day care. These arguments are well documented elsewhere. Instead, I prefer to examine eight different kinds of child care arrangements parents currently can make for very young children: live-out caregiver, live-in caregiver, exchange babysitting, the neighborhood group day care center, industry or university based group day care center, formal family day care, informal family day care and the mini-center. I would like to highlight what I see as the advantages and disadvantages of each arrangement, especially looking at each arrangement as it relates to some of the important qualities that parents look for in infant day care. Let us begin with the latter.

What does one look for when making child care arrangements for children under three? How does one know when a place or a person is "right"? These are the kinds of questions that concern parents as they begin to search for good infant care arrangements. The recent manual, Day Care: Serving Infants, lists some of the important qualities to look for in infant day care: adequate nourishment, protection from disease, focused relationship with a small number of sensitive adults, including verbal interaction with an interested adult, etc.3

Much has been written about the importance of a warm, loving caregiver who has had some experience and/or training in taking care of infants, knows what to expect from them and really cares about helping them develop. In this paper, I would like to consider some of the other necessary features of child care arrangements for children under three: (1) continuity of care; (2) safe environment; (3) sufficient consistency in the child-rearing values of both parent and caregiver; (4) an appropriate degree of stimulation for the child; (5) opportunities for social play with other children and (6) clear mechanisms for parent control which have the approval of both parent and caregiver.

CONTINUITY OF CARE

This means an infant or toddler is never (or rarely) cared for by an unfamiliar person in an unfamiliar environment. It means that child care arrangements remain stable over long periods of time and that changes in day care are "smoothed out" for the child by both parent and caregiver. Continuity of care is usually much sought after by parents. Very young children are



-1-

^{*}In March 1967, the number of mothers working full-time or part-time with children under the age of three was 2,205,000. By March 1973, this number had risen to 2,572,000 — an increase of 367,000 children.1

still learning to trust and just beginning to work out a stable sense of self, chiefly by developing a deep reliance on a limited number of adults to whom they become very attached. Parents using child care arrangements also go through a process of developing trust in the caregivers of their children, and so the continuity of trusted caregivers is important to parents as well. But changes in child care arrangements are often necessary, especially since child care programs are so inadequately supported by the larger society. I have seen children under three weather several of these changes very well, but it should not be necessary.

SAFETY OF THE ENVIRONMENT

Another key element in infant care arrangements is the safety of the environment. In my view, a safe environment for a child under three is one in which any avoidable cause of accidental injury has been discovered and eliminated. Safety is an urgent consideration for children under the age of three. Accidents are the leading cause of death for children, and motor vehicle accidents, burns, poisonings and falls are the accidents that occur most frequently in the one to four year old group.⁵ Children are especially susceptible to accidents when a new person has just begun caring for them. A caregiver (until he or she has been caring for that child for quite a while) simply doesn't know the child, his climbing habits, what he can easily get into and what will stop him. Therefore, a day care environment really needs to be scrupulously child-proofed. An Accident Handbook, which has clear guidelines for making environments safe can be purchased for 35¢ from the Children's Hospital in Boston. 6 Parents could use this handbook as a basis for discussion with the caregiver about safety. The fear of leaving children unprotected in an unsafe environment is one of the most compelling anxieties that a parent has about day care. Child care programs could do much more to dispel this anxiety by clearly explaining the measures they have taken to protect the child's safety.

CONSISTENCY IN CHILD-REARING APPROACHES

Consistency is fairly critical, too. If the parent and caregiver share enough of the same ideas about raising children, they will be comfortable with each other and better able to communicate with each other and the child. Consistency in child-rearing values also helps protect the child from confusion. This need not be a rigid conformity between parent and caregiver on all details of bringing up children. Even toddlers can quickly adapt to a certain amount of difference in child-rearing practices. They rapidly understand, for example, that grandparents have different rules and expectations than parents! But if a caregiver is convinced that a child must be vigorously toilet-trained before the age of one or a parent feels that a child should be gently encouraged to use the pot after the age of two, everyone concerned is in for trouble.

It helps when parents and caregivers explain to each other their ideas about bringing up children — before the child care arrangement is made. Each can suggest a few bypothetical situations to the other and ask what should be done in that situation. For example, "What do you believe is the best thing to do if a two year old is hitting another child? What's the best thing to do when a toddler refuses to eat? What's your opinion on picking up babies when they cry?" These sorts of questions can be asked to discover what consistencies exist in the child-rearing values of both parties — not to assess whether each



-2-

party has the "right" values. In a child care program where the caregivers are employees, parents could ask to see copies of job guidelines or job descriptions of the caregivers. Or parents could draw up samples of these job guidelines themselves, using them as a basis of discussions with caregivers about how they view the job.

ADEQUATE STIMULATION

There has been a great deal of concern about the importance of intellectual stimulation in day care environments for this age. This anxiety probably stems from the research done on the harmful effects on children of sterile institutionalization, where children were deprived of opportunities to play with devoted adults, to explore attractive objects and to move about freely in an interesting environment. Quality infant day care programs have reacted to these research findings by taking great precautions to provide adequate stimulation for the infants in their care — a variety of interesting objects to examine and plenty of nourishing attention from an adult who enjoys plaging with infants and toddlers.

But an equally essential feature for children under three is the avoidance of overstimulation — too much handling, too much commotion, too many activities going on at once. Some infant day care programs, overreacting to the spectre of sterile hospitals, can create environments that just bulge with novelty, colors, sounds, textures, toys, displays — too much for some infants, who need a gentler place. The pamphlet, "Do You Need Day Care?" which can be ordered from the Day Care and Child Development Council of America for \$.25, lists some useful points to look for when assessing the degree of stimulation in a day care program for infants, and helpful information can also be gleaned from the aforementioned Day Care: Serving Infants. The most important thing, I think, is that the degree of stimulation match the individual child's need and capacity for stimulation and not some "optimal level" advocated by persons (like me) who write articles about child care for infants.

An often undervalued characteristic of a quality infant care arrangement is opportunity for social play with other children. I don't agree with the frequently voiced opinion that children under three don't begin to play with one another until the magic age of three. I've seen infants in group day care who playfully imitate one another and toddlers who play cooperatively with toddler friends to whom they are deeply and personally attached. Opportunities for social play in a child care arrangement doesn't have to mean the constant companionship of other infants and toddlers. It might mean joining other chilren in a nearby park or neighbor's home for a few hours a day. Or social play might take place between an infant and a fascinated five year old who spends long periods of time encouraging the baby's smiles and enjoyment of social contact. Child care arrangements, however, that completely isolate children under three from other children (which might, for example, happen when the infant is cared for by someone who comes into the home) deprive them of valuable experiences in learning to be a human, that is social, person.



-3∸

PARENTS MAINTAIN CONTROL

Finally, and most important, there is the control that parents exercise over the child care situation. Parents leaving infants and toddlers in day care often feel anxious and guilty, especially in this society, which contimues to embrace (despite evidence to the contrary⁹) the notion that day care for children under three is "harmful." Even if quality day care for infants is later conclusively proved to be not at all harmful, infants and toddlers in day care may develop in undesirable ways, simply because parents are encouraged to feel guilty and anxious about their child care arrangements, and the chidren will "pick up" on all this worry. We may not know for sure exactly what is and what isn't harmful to the developing child, but we can be reasonably certain that raising a child in a climate of anxiety and guilt isn't going to do the child much good. Parent who use day care for their infants and toddlers need to protect themselves and to be protected from the easily provoked and excessive anxiety about infant day care rampant in our society, without dulling themselves into a passive, noncritical acceptance of any infant care arrangement that turns up.

This is why parent control of infant care arrangements is so important. If parents know and approve the kind of care and education their children receive, they will be freer to raise their children in a climate of positive feelings.

Although the importance of parent control is widely recognized, the reality of parent control is difficult to achieve. To my mind there are two issues that obstruct efforts of both parents and caregivers to establish parent control. One is the issue of trust; the other is the lack of theoretical models that grant both parents and caregivers significant roles in the child care situation.

Practically speaking, it is the issue of how much the parent trusts the caregiver that determines how positive the parent feels about the child care arrangement. In fact, I think the issue of parent control is such a difficult one to work out because both parent and caregiver assume that the parent should trust the caregiver. It would be more helpful if just the opposite were assumed: that parents have not only the right, but the obligation to withhold trust from a strange caregiver who has just begun caring for their child. Only when both parent and caregiver can interpret and accept the need for parental control as part of a parent's responsibilities will authentic parent control exist.

The other obstructive issue is the alienation that the words "parent control" cause when they are interpreted to mean that parents dictate to caregivers exactly what should be done, with total disregard for the caregiver's views or skills. In my experience that is a form of parent control which is rarely attempted. It is obvious that it just won't work out. Caregivers, stunted by this indifference to their perceptions, quit. Eventually the child care arrangement crumbles. Furthermore, very few parents in my experience want that kind of uneven relationship with caregivers. Often, however, we get trapped by the industrial employer-employee model of relationships between parents and caregivers. Another model, more appropriate to the child care situation, has revently been suggested: the designer-builder model. Parents are the designers, caregivers are the builders. I think this is a truer description of the relationship between parents and



caregivers. It shows that each has different but equally important areas of responsibility. Each has a role demanding creative skills. However, in order for the child care design to be the best one possible, and for it to be carried out with minimal difficulties, the builder (caregiver) is not just the servant of a parent-created design. Rather, the builder consults for the designer, offering ideas based on his/her intimate knowledge of the problems and strengths the design will present when it is put into operation. The designer/parents listen to this input with the careful respect that the knowledgeable builder/caregivers deserve. Although the parents, in view of their ultimate responsibility to the child, make the final decision, this model of parent control is diagrammed more as a cooperative circle than a chain of command.

Whatever form of parent control is finally chosen, it is important for the parent and the caregiver to agree on the degree of control the parent will have and the way in which the control will be exercised. Easier said than done, I know, but the kind of closeness that can develop between parent and caregiver once this agreement has been reached is enormously beneficial to the caregiver, to the child's whole family — and to the development of the child herself.

Keeping in mind these six necessary features of child care arrangements for infants — continuity, safety, consistency, stimulation, social play and parent control — I will now look at the different kinds of child care arrangements mentioned above. Each arrangement has its advantages, and each has its disadvantages. I have deliberately included suggestions that I think will help reduce some of the disadvantages of the different arrangements. This has been done for program operators but also for parents who are or will be involved in the struggle for better infant day care.

LIVE-OUT CAREGIVER

A frequent arrangement made by parents for their infants is the live-out caregiver, often called simply "babysitter." Parents voice a preference for someone to come into their home, because they feel the infant or toddler can receive maximum individualized attention and that child care can continue even if the child is sick, so the parent doesn't have to lose time at work. This is a considerable asset for parents of infants and toddlers, who contract on the average of eight to ten infections (some of which can drag on for weeks) a year. 10 Parents also feel the advantage of leaving the child in a familiar environment that is especially designed and child-proofed for that child, with the degree of stimulation tailored to that child's individual needs. Some parents think the child will feel more secure staying in her own home. And this arrangement is definitely more convenient for the parent - there is no packing up of clothes, no trip to the day care center. If the child needs to sleep a bit late, the parent can let him, without being late for work. Finally, some parents prefer this arrangement to day care outside the home because the role of the caregiver is clearly defined and parents feel they have more right to explain their wishes about the child's care and to expect that these wishes will be carried out.

To balance these advantages, however, there are some disadvantages. Chiefly, the parent can never be sure what is happening while she is away. There is no



supervision of the caregiver, no one for the caregiver to turn to for advice, or for the parent to depend on to insure that certain standards are always met. If a parent employs the same caregiver for a long period of time, trust can build up between them, and the parent will feel more secure about predicting what goes on with her child all day. But continuity of care is quite difficult to establish with a live-out caregiver, because there's no quarantee how long the person will stay with the job. Unless one is able to pay the salary of a mature adult (sometimes as much as \$3.00 an hour), it's very hard to find someone who will stay for more than a couple of months. There is a further disadvantage to this type of arrangement: Unless there are other preschool children at home during the day, there are usually no built-in provisions for playmates for the child. Finally, the burden of developing a good working relationship lies entirely with the parent and the caregiver. There is no third person to help with communication, and there are no widely accepted norms for the kinds of communication which should take place between them. So if, for example, a caregiver feels he/she should fully discuss the child's development with the parent and the parent feels this is too "private" to be discussed (or vice versa), there is no person or policy to call upon for support or direction

Some of these disadvantages can be minimized by searching for an older woman or by advertising for a babysitter through an agency or educational institution requiring references, by interviewing applicants for the position very thoroughly. A guide for such an interview can be found in a free booklet, selecting and Instructing Babysitters. In asking for references, parents can ask specifically for names of persons for whom the applicant has already provided child care. Calling these former employers to discuss their perspectives on the applicant's child care skills can help the parent make a choice; but more importantly, if those perspectives are positive, they can provide an important first boost to the parents' developing trust in their new babysitter. Parents can also explain very carefully to applicants their ideas about child care, about relationships between parents and caregivers in this regard. Likely looking applicants can be asked to come and spend (with pay) a few mornings with parent and child. Arrangements can also be made for the caregiver to take the child regularly to the home of his friends or to nearby parks where friends play.

THE LIVE-IN "BABYSITTER"

This is especially feasible in a town where there are people willing to exchange child care work for room and board and perhaps a small salary — e.g., a university town. It has the same advantages as the live-out caregiver, plus some. Because the caregiver lives in the same house and shares family life to some extent, both the parent and the child can get to know him/her more naturally and intimately, and it is easier for trust to develop. The parent also has ample opportunity to observe how the child and caregiver relate to one another and so to acquire a better idea of what happens during the day. Then too, with this arrangement, if the parent needs to go out in the evening, or to be away for a few days, the child care be left with someone very familiar.

The disadvantages to this arrangement are basically the same as the liveout caregiver: fewer insurances to quality and continuity of care, unsupported parent-caregiver relationships. In addition, there is the inconvenience of having a third adult always there. Many parents consider this a minor inconvenience, especially if they have plenty of living space or are the kind of



people who don't mind "close living." For the caregiver, too, this kind of close living can result in a feeling of being trapped — a feeling which easily translates into resentment toward parent and child.

When the in-home caregiver is a skilled, reliable and supportive person, this child care arrangement can be superb. But trying to decide whether applicants have these qualities is a capricious venture. How does one know what to look for? How can one be sure? These are the questions that-plague parents looking for "sitters." Moreover, the skilled in-home caregiver is very difficult to find. I've known parents who have spent months advertising for the right applicant. Four-C's and other coordinating agencies or community referral services could help by maintaining a job "clearinghouse" for in-home caregivers, so that parents could place one call to get the names of several applicants. It would help even more if the community referral service could do a preliminary screening of applicants — perhaps an initial interview and checking of references. A guide for further mutual interviews of parents and caregivers, together with suggestions for developing good working relationships would also be helpful.

Finally, with the in-home caregiver arrangement the possibility for developing underlying competitive feelings between parent and caregiver is enhanced. Often the most ideal in-home caregiver is the mature woman whose own children are grown, who "misses having babies around" and prefers child care above any other job. This is the kind of person most likely to stay with the job and really give competent, loving care. However, a caregiver like this, who has had years of child care experience, is likely to feel that she knows more about raising children than the young parents of the child. And often, she really does know more. Sometimes, particularly if she stayed home with her own children when they were small and she is feeling a little sad over the "loss" of her own children to adolescence or adulthood, she is inclined to look upon the child she cares for as really "her" child. The vulnerability of the in-home caregiver arrangement to this kind of competition, however, can be offset by "screening out" in the interview process the applicant who never volunteers her own opinions, never asks for the parents' response to those opinions and never solicits parents' views on child-rearing. Parents can explain to caregivers (and then carry out) their cooperative approach to child care and their willingness to draw upon the skills of the caregiver. Caregivers in any child care situation can see themselves as playing a familysupportive role (rather than "substitute mothers"). They can use their skills and experience to buoy up the parents' sense of confidence in themselves and to "cement" the parents' attachment to their child. When this supportive perspective is adopted, the in-home caregiver, with the intimate knowledge of the family's strengths and needs derived from day to day contact has in my experience the greatest potential of any infant care arrangement for helping parents get started on a healthy and mutually satisfying relationship with their infant.



-7-

EXCHANGE BABYSITTING

A third arrangement, "exchange babysitting," when two neighbors take turns caring for each other's children, is obvicusly not feasible when parents work full-time. It is possible when parents are away only part-time. There are distinct advantages to this arrangement: It is free, and one can leave one's child in the care of other, familiar parents. Some parents feel much more secure because the caregiver is both familiar and a parent. Also, one can provide social play experiences for one's children by exchanging with a neighbor who has children in the same age range. Now, the disadvantages: It is usually an unstable arrangement as neighbors move or work schedules and child care needs change. Jealousy can be another problem. Toddlers especially can refuse to accept the idea that parents should care for other children; and although this simulation of sibling rivalry may ultimately benefit the child, some parents find it frazzling and eventually destructive of the "exchange."

Finally, with this arrangement, although most parents can influence, they cannot control what happens to the child during the day. Indeed, since this arrangement is usually a gesture of friendship between two neighbors, parents fear that voicing an objection will be contrued as personal criticism and may motivate the criticized neighbor to end the exchange. It helps if two friends begin with the "contract" to express complaints, ask probing questions about child-rearing beliefs, etc. and in general communicate honestly — but this is difficult in practice. People in our society are deeply accustomed to thinking that the right to control the activities of another person is present only when money is exchanged.

NEIGHBORHOOD GROUP DAY CARE CENTER

A child care arrangement for children under three that is finally emerging from the shadows is the neighborhood group day care center. It is also the kind of day care that is popularly considered the least suitable for infants and toddlers. Yet this arrangement has very distinct advantages, chiefly that it is more feasible to provide continuity of care, to design and maintain a safe environment, and it allowsfor greater parent control.

It would almost never happen that an infant in a group day care center would be suddenly left alone with a strange new person — and this is a big advantage over the other kinds of child care arrangements. This continuity is insured because there are a <u>number</u> of adults caring for the children. The infant or toddler can become attached to, but exclusively dependent upon, one adult. If that adult is sick, goes on vacation, or has to leave the job, there are still other familiar adults surrounding the child, and the environment remains the same familiar situation.

With regard to safety, a day care center, unlike a home, can be especially designed or renovated with infants and toddlers in mind, so it is less likely to have the long flights of stairs or the easily accessible poisonous substances and sharp objects that one finds in homes.

The environment of the day care center, if it is of adequate size, can provide space and equipment for vigorous indoor play (riding tricycles, climbing, etc.) which is especially valuable for toddlers during bad weather months. Thirty-five square feet per child is the minimum space required. My personal feeling is that seventy square feet per child, distributed over several small



rooms or enclosed areas, will allow the toddler to discharge the energy that otherwise builds into agression and at the same time create feelings of intimate, warm space. One open room does not allow for the fact that children under three have widely different sleeping schedules — some children will need to be sleeping while others are at play.

Obviously, group day care offers extensive opportunities for social play. Infants can observe each other for long periods of time, reach out and touch one another, explore similar objects together. Some of the most highly developed social play in infants that I've ever seen has taken place in group day care.

One other major or minor advantage to group day care, dependent on one's perspective: It is the child care arrangement most likely to attract male caregivers. Some parents feel that this is most important for children from fatherless homes, while other parents feel it is good for all children to see men taking care of little ones.

Finally, and to my mind the most important advantage of an infant day care center is that it can be designed (or redesigned) to allow for much parent control. A day care center is much more of an open, public environment than a home. This means that both the safety of the environment and the behavior of the caregiver are more open to the scrutiny of parents and community visitors who come to the center. The parent then doesn't feel as completely dependent on the good intentions or degree of expertise of the caregiver. The public eye is another insurance that the child will receive good care. This kind of "informal supervision" is especially likely to take place in a "tight" community, where neighbors know one another and the caregivers live in the community and associate with the parents on a neighborly basis. Parents in these communities feel pretty confident that someone will inform them if their child is neglected in any way. Obviously, this "informal supervision" can sometimes irritate parent-staff relations, but it can also be used to improve the quality of the care and offer parents a peace of mind that is more difficult to achieve in other child care arrangements.

The open environment of a day care center also allows parents (even in a center not controlled by parents) to come and observe what imppens to children there. I would strongly discourage the use of any center which does not invite parent observation. Parents who come to observe may not see how the caregivers relate to their children, but the parent can see how children are treated in general and so get a better idea of how har child will be handled when she is away. The ideal situation for the parent is to have a "one-way" observation arrangement so the parent can observe the child without being seen — a tremendous educational experience for parents. Caregivers sometimes feel that the one-way observation creates a fishbowl atmosphere for people working in the program, although this happens less in a program that adopts a cooperative model of parent control.

In addition to permitting parent observation, group day care has more visible and more straight-forward mechanisms for exercising parental influence than many other child care arrangements. Because the teacher is responsible to the director and the director to the board, the parent can find out who to go to and has several options available when she wants to make a suggestion or voice an objection — and this can reduce the strain on the parent-caregiver relationship. Also, policies about child care tend to be articulated, perhaps



-0-

even printed in a pamphlet for parents, which makes it easier for the parent to initiate discussions, make comments, or ask questions about the care the child is receiving. Furthermore, the open environment of day care classrooms, compactly situated in one building, permit closer supervision of the caregivers, with the result that the director is more conversant with teaching styles, etc. and thus better able to discuss each child's day care experience with the parent.

Obviously, these advantages of parent control can be multiplied when the actual policies about child care are made by a board or committee controlled by elected representatives of the parents. When parents are responsible for making these decisions, both the process of "hashing out" together the goals of the program and how they can be achieved, and the final result, the actual policies which guide the daily decision-making at the center, help parents to feel not only that they can control what happens to their children in their absence, but also to feel more secure in making the daily difficult decisions about bringing up children. And it has been my experience that when the parents feel comfortable and sure that they are providing well for their children in their absence, the moments of separation can be positive ones, sources of strength and growth for both parent and child.

Continuity of care is a real advantage to group day care only if the infant care center is a fairly stable institution. So parents would do well to inquire how many years the center has been in operation, the source of funds, any current financial problems, approximately how long the teachers remain on the job, etc. Most parents, however, if they have the option of group day care at all, will have to make a decision on a new center with fairly uncertain sources of money — possibly an unstable situation, but possibly not, especially if the parents using the center are determined to insure its survival.

Continuity of care is also disrupted if an infant care center bars entry to sick children, believing that the admission of even mildly sick children will spread infection and cause epidemics. There is some evidence that contests this belief, and proposals have been made for adding a medically staffed sick bay component to group day care that has been computed to add \$2.36 a week to the cost of care. 12 Many people (and many working parents, too) are opposed to the idea that parents could leave sick children in day care centers. Naturally there can be no case made for accepting children in day care with highly contagious disease. But there are many less serious, less infectious illnesses. And many parents will lose their jobs if they miss too many days at work. Infants and toddlers especially (who have the highest frequency of minor illnesses) are also very disturbed by being in day care one week, at home the next, back in day care for a few weeks, etc. They like their routines maintained. I have seen infants and toddlers, who, if they are not uncomfortable, seem to enjoy being in day care with all their friends, watching the activity from a comfy corner or a cot, children who at home would probably be bored or cranky. So, although attitudes vary greatly among parents, the automatic exclusion of all sick children from infant day care can cause much hardship to some families and so constitutes one of the strongest disadvantages of group day care for infants.

Perhaps the chief reason why group care for infants has earned such a "bad image" is that if certain conditions aren't met, group day care can have a powerful negative impact on very young children. A most critical condition is the ratio of caring adults to children. If, for example, there



are more than four infants to a caregiver, the child can get "lost in the crowd." Even with an adult-child ratio of one to four, the best infant group care centers further protect the child by "attachment grouping" — they assign four children (usually on the basis of mutual liking for one another) to each adult and expect that adult to be chiefly responsible for the care of these four children. This gives the child an "emotional anchor" in the room while allowing him to make attachments to other caregivers also. It permits the caregiver to be closely involved in the development of all four children, rather than just superficially involved in the development of all the children. And it encourages greater accountability to the parent. The parent knows who to go to when she wishes to exchange information or explain a problem that specifically affects her child. The caregivers know that they will only have to describe to four parents the child's day in the center, and this permits closer observation of the children and more personal teacher-parent relationships to develop.

The bad effects of group care for infants will be felt if the space in the center is very small and sterile, with few toys, bright colors or happy faces. Babies need to be handled and talked to; they need different things to look at and touch. Without these, their developing intelligence, even their total bodily well-being, is endangered. However, another danger inherent in group care is overstimulation - just the opposite of what most people expect from group day care. There can be too much activity, too much noise, too frequent interaction with too many other children. Small babies are capable of simply falling asleep when this happens. But older babies and toddlers don't have this protective device. I think a child (especially a child who becomes quickly fatigued or irritable when there is too much stimulation) can develop habits of "screeing out stimuli" which can turn into antisocial habits -- fussing, withdrawal, fixation on toys, etc. This possibility of overstimulation increases if the center opeates on the theory that "if one educational toy helps a child develop then fifty educational toys are even better." Middle class centers, like middle class homes, are especially susceptible to this philosophy. Many children (especially from one-child families) do find the stimulation a bit overwhelming at first and then simply adapt to it and enjoy it, so parent and teachers do need to take some time before concluding that a child is being overstimulated. And day care centers can protect the child by providing places where the child can be alone -- an extra "guest room" or enclosed corner, a playhouse or even cardboard boxes.

It is also undesirable if infants and three to five year olds are cared for together in the same space. Simply by nature of their vigorous play with one another groups of five year olds can be downright <u>dangerous</u> to infants, who should <u>be cared</u> for in a separate space. Interaction with older children, as difficult as it is to achieve in group day care, is beneficial to infants. But, when older preschoolers are being cared for nearby, it is more desirable to arrange for one to two of the "big kids" to take turns acting as helpers in the infant space.

If there are just too many children in a center, it can be a bad environment for infants. The larger the center, the more difficult it is to administer. This creates staff tensions and a tenser atmosphere all around. Some people consider the ideal size for a day care center for three to five year olds to be thirty to forty children. 13 I think an infant day care center should be



-11-

no larger than twenty children. Day Care has many operational difficulties, and a conscientious day care director is thoroughly wearied by the responsibility she carries for the quality care of not one but twenty infants. My observations have led me to believe that the average stay for a program director is two, maybe three years. Many day care directors leave after one year. I think day care directors would stay with the job longer and provide better care if day care centers were smaller and more manageable.

One other disadvantage to group care is that some day care centers are inclined to really ignore the nutritional needs of children in the interests of economy or "efficiency." This can happen in any child care arrangement, but the temptation is stronger in group care, where there are large numbers of children to prepare food for. Some centers succumb to the temptation and cater in or cook cheap, quickly prepared canned foods which are often very high in starchy carbohydrates and very low in protein — the creamed "chicken" on toast, spaghetti with infinitely teeny "meatballs" type of menu. As nutritional research is beginning to demonstrate the relationships of not only good health but developing intelligence to the inadequate nutrition in a very young child's diet, ¹⁴ day care centers, especially those that care for children under three, do a great disservice to the children in their care if they use these starchy foods.

Finally, the foremost disadvantage of the infant care center will always be the cost: \$50 to \$60 per week per child in 1973, at least in urban centers. According to a Massachusetts survey, few parents are prepared to pay more than \$20 a week per child, 15 'hich leaves a substantial amount that would have to be subsidized by private and/or government sources. We have seen how "eager" these sources are to pay for infant day care, so it will be a long time, I fear, before group day care for infants will be a realistic option for most people.

Parents do need to be well informed when they are in the process of selecting or creating an infant care center. Group care for infants is like the proverbial girl with the curl in the middle of her forehead — when it is good, it's terrific; and when it's bad, it's just awful. There are pamphlets which parents can use to help them evaluate an infant care center. That, in my opinion, is what we should do with the infant day care center — evaluate it critically, not just write it off. We need to look carefully at the potential that group infant care has for offering stable, safe and parent-controlled care of a very high quality.

WORK-BASED GROUP CARE

In descriptions of group day care for infants, one often sees recommended that the day care center be established at the parent's place of work or study. The advantage most often attributed to this particular child care arrangement is that the parent can visit the child several times during the course of the day, the mother can nurse her baby, etc. This may be a distinct advantage for nursing infants and older children, but once an infant has begun to experience separation anxiety, frequent daily visits by the parents may be more painful than anything else. It is painful for toddlers to know that the parent is nearby but still inaccessible. For children who have not mastered the process of separation, there are few benefits to this arrangement. Some parents do prefer to have infants close by, not because they intend to visit them frequently, but because they feel more secure knowing that if



anything should happen to the child, the parent could be there in a few minutes. The other advantage to this arrangement is that work-related day care is more likely to adapt to a parent's "unusual" work schedule than a neighborhood center — a hospital day care center might arrange its schedule around nursing shift requirements, etc. However, a possible disadvantage to this arrangement is distance from home to center. If the distance is far, and especially if parents have to use public transportation, many parents are reluctant to use work-based day care. ¹⁷ Highly understandable, especially when you consider that the transportation would have to be utilized during rush hours.

FAMILY DAY CARE

While group day care for infants meets with disfavor, one reads continually that family day care is the preferable child care arrangement. Like any other child care situation, however, family day care has both advantages and disadvantages.

The advantages of family day care stem from its home environment and its small group of children. Both features provide a unique stimulus to intellectual, emotional and social development in very young children. Both features promote a special, intimate relationship between parent and caregiver.

The home environment, in its internal design, its relations with the outside world, and its casual "curriculum," has much to offer. Homes are powerful learning centers for children under three. Even the most austere homes will usually have a variety of objects for infants to look at. Homes also have educational "equipment" with special appeal to toddlers - cupboards that open and close, couches to climb on, chairs to hide behind and play "house" or "train" with, the versatile pots and pans, etc. In addition to these open-ended creative play materials, the physical layout and the casualness of the home really lend themselves to the free play so valued by early childhood educators. It is perfectly commonplace, for example, to find some children in a day care home playing with water in the kitchen, while others look at books in the living room and still others put together puzzles in the bedroom. With toddlers, especially this sort of "spreading out" over several rooms can greatly reduce the conflict over toys that otherwise arises. Although it is possible to find regimentation if the day care mother is inclined to be that way, the informality of the home and the small group really work against regimentation.

Then, too, the day care home provides real life encounters with the neighborhood. The family day caregiver takes the children to the bank, the post office, the grocery store — not for a field trip, but because it is necessary for the caregiver to go. Repairmen, deliverymen (or women) come to the home because it is necessary to make repairs or deliver goods. This is a very realistic way for children to learn what neighborhood resources are all about.

Of course, these educational advantages of family day care multiply when the day care mother is "turned on" to all the powerful learning opportunities that the home environment offers and know how to "turn on" babies and toddlers to these opportunities, too.

The home environment of family day care also makes it easier for some parents to keep informed about the child's activities during the day. Many



parents see the day care home as offering the same kinds of familiar experiences that they themselves would offer if they were home. They understand what the daily routine of a household is like, and so they feel attuned to the child's daily experience. Many parents feel better acquainted with the child's day care experience in a home than they would if the child went to a center with a highly polished curriculum.

In part, this feeling of familiarity derives also from the kind of relationship between parent and caregiver that is encouraged by the home environment. Opportunities for informal communications are readily available, of course, since the caregiver is the one who opens the door, both at morning and at night. Some family day care mothers, particularly when they are close neighbors, invite parents in for morning or afternoon coffee and discuss the child then. In addition, many parents and family day care mothers feel free to call one another at home, nights and weekends to discuss the child care arrangement — freer than in a parent—teacher situation, where the parent usually doesn't even know the teacher's home phone number. And undeniably, the fact that the caregiver is not perceived as a formal "Teacher" with a capital T, but (usually) another parent or a grandparent, leading a life similar to one's own, tends to make it much easier for parent and caregiver to talk to one another.

The small size of the group cared for in a day care home also has advantages. In the group of no more than five or six children, for example, mixed aged grouping can work very well. There is a special opportunity for social play among children of quite different ages. Toddlers can (and do) develop intense attachments to the older children in the home and learn much from them. An older child might be the protected "baby" of his family, in his own house — but the protective big brother in a family day care home. The fact that children of all ages can be cared for in one small group makes it possible for siblings to be placed together, except when the number of children in a day care home almost reaches the legal limit. It should be said, also, that many day care homes understandably prefer not to care for infants and older children together, since infants often nap while older children are up, and then wake while preschoolers nap, making it very difficult for the day care mother to get out of the house with the children.

The small group centered around one caregiver also makes it possible for the infants and toddlers in a day care home to form attachments to all the people in that home. In a day care center, babies will select out from the larger group a smaller number of people to whom they get attached. But family day care offers the child that special sense of close togetherness that is commonly found in big families.

The small group offers measured amounts of stimulation. Overstimulation is rarely a problem in family day care. Rather, the day care home can offer just the right rhythm for children under three and with built-in escape hatches besides — there's always a cosy corner behind the easy chair or another room to migrate to when one want to be alone.

Finally, with regard to continuity of care, day care homes which permit children to come with minor illnesses avoid that week-by-week disruption of care so common in winter months, when colds are frequent. Some family day care mothers, however, anxious about the health of their own children, are very strict in their rules about illness and day care.



-14-

As with other child care arrangements, however, there are disadvantages also to family day care, chiefly that it has difficulty providing continuity of care, safety of the environment and visible, supported mechanisms for parent control. Several new developments in family day care, including informal organizations of day care mothers and family day care systems (or networks of homes administered by a central day care agency) have emerged to deal with some of these disadvantages.

The high turnover rate among day care mothers threatens continuity of care for infants. The day care mother in Pasadena, California, averages between \$75 and \$100 for a fifty-hour week, before paying expenses for food, toys, and other items needed for the children in her care. She is also often isolated in her own home, away from other adults. When this is the case, women are unlikely to stick with this job for very long. While the turnover rate can be high in a day care center also, the child is not as dependent on the one adult as he is in family day care. When the family day caregiver quits, the child must be moved to an entirely different home with a new caregiver. Moreover, when a family day caregiver goes on vacation or even gets sick, the children in her care will usually have to be placed in another home with a different caregiver. This means not only an unfamiliar person but an unfamiliar environment as well.

It is my impression that the turnover rate in family day care is less when the day care home is established in a real neighborhood, where people know each other and help each other out. In neighborhood family day care, the caregiver feels less isolated. Indeed, in some communities, the neighborhood family day care mother is identified and respected as someone very important to that community. In neighborhoods like these, day care mothers, whether they belong to a day care system or not, get together often with children in tow during the day, independently in the evenings. In good weather, they meet each other in parks; in bad weather, several day care mothers might arrange to bring their children and meet in a room in a nearby church, community center or part-day nursery school. If affiliated with a day care organization, they might get together for inservice training or planning sessions. They help each other look after the children. They give each other ideas for play materials, recipes and safety devices. This sharing of the job makes it a lot more enjoyable, and day care mothers working with this sort of community support tend to stay with the job longer. Also, in a very practical way, this kind of close association among day care mothers often means that when a child's caregiver is sick or on vacation, another day care mother familiar to the child will probably be willing to offer the needed temporary care.

Besides striving to promote mutual help among day care mothers, day care systems add other ways to reduce the isolation of day care homes. In bad weather or when sleeping schedules conflict, it is difficult to get to the outside with four or five small children (as in a high-rise apartment). The caregiver may not be able to get out of her home at all. Consequently, she spends ten or eleven hours a day without any adult company. A day care system can train substitute day care mothers and assign them to day care homes as aides when they are not needed to substitute. Each aide/substitute should be assigned to five homes and visit each home for a regular day of the week, so they can get to know the children. Then if a substitute is needed in any of those five homes, someone familiar to the children can step in. Or, some systems place two caregivers in the same home caring for a group of



eight or nine children. Placing student teachers or volunteers in day care homes also helps and provides the day care mother with a link to available educational resources and sometimes an extra source of play materials. Any links to educational institutions should be encouraged as antidotes to the "dead end" nature of the job. That lack of future also contributes to the turnover rate. College training (adapted to family day care) will help improve the skills of the caregiver and her enjoyment of her work; and it will give a career ladder direction to the work

Finally, day care systems must make sure that caregivers receive the consultation through a personal visit at least once a week and by telephone more often, from early childhood educators, social workers and medical personnel that constitutes one of the chief advantages of a family day care system. These special supports will help reduce the turnover rate, making family day care more stable and better able to provide continuity of care. In the meantime, since the day care system is administered generally under policies designed to maximize continuity of care, the parent can inquire about these policies: what the caregivers are paid, what provisions are made when the caregiver is sick or away, what happens to the children if the caregiver leaves the job, how many times a month consultants and/or supervisors visit day care homes, how often do day care mothers get together, the average length of stay on the job for a caregiver.

With regard to safety of the environment, family day care homes, simply because they are homes, have difficulties. Too many homes are littered with safety hazards -- cleaning fluids stored in low cabinets, uncovered outlets, medicines within easy reach. Many of us have had the frightening experience, even when our homes are safe, of finding our toddlers in extremely dangerous predicaments. These experiences condition parents to be quite anxious when leaving a child in any out-of-home environment. But a private home permits less open inspection by parents. For example, a parent using a day care home would not feel free to ask to see the bathroom. But that same parent might very well be at work worrying about where the razors or the baby aspirin are kept in that bathroom. This anxiety is compounded when the topic of safety is undiscussed, as sometimes happens because the parent is afraid of offending the day care mother. Remembering not only their rights but their responsibilities towards their children, however, parents can and should feel free to ask any caregiver, even someone giving care in her own home, about her safety habits - and to ask that an unsafe condition be changed. It really helps when the family day care mother takes the initiative, conducting a "tour" of her home for the new parent, pointing out what she does to insure safety in the same way she explains what she does about a nap or discipline. Perhaps a written list of safety practices used by the caregiver could function as a basis for discussion. For people who don't customarily use "lists", a thorough discussion can suffice. Often, in a day care system, parents will feel freer to approach one of the administrators or consultants to the child's day care home, asking them to explain what the safety practices are. This is fine, especially in the beginning stages when parent and caregiver may feel uneasy with each other; but direct conversation between parent and caregiver can also be encouraged. Finally, one of the distinct advantages of a day care system (as compared to an independent unlicensed day care home) is that parents know the caregivers have all had their homes inspected for safety by licensing officials. Furthermore, caregivers receive initial and ongoing support for the demanding but necessary task of daily "child-proofing" of the home environment.



Besides safety, there are other potential problems when one is dealing with a home environment. An urban home is less likely to offer lots of open space for vigorous activity. If there is no readily available play yard, this lack of space for active play can be a real problem. This is a problem that urban parents have fonfronted for years, however, and a parent can ask (and offer suggestions about) provisions for active play. indoors. A family day care system or organization can design workshops in which day care mothers share ideas for ways to provide for active play despite the restrictions of apartment living.

Also with regard to homes, there is less likely to be "messy" play than in environments designed for quick and easy clean-up. This can be a major or minor disadvantage to parents. Some parents even may consider it an advantage!

A more serious difficulty with the home environment is how it affects parent-caregiver relations. The private nature of the home, closed to the public eye, creates some of the same insecurities that parents feel about the in-home caregiver. An independent family day care home has no third-party assurance that certain standards of care will always be met. To minimize this disadvantage, parents can use the ideas suggested in the discussion on in-home caregiver — searching for a familiar neighbor, careful interviewing of potential day care mothers, checking of child care references, observation of the child for the first day or two in the day care home, etc. Family day care systems, with a program of at least weekly supervision visits and daily supportive contacts, can greatly help allay some of these parental anxieties.

Nevertheless, even the family day care home in a system will still have a special set of problems with regard to parents. Like any other adult, the caregiver is usually inclined to regard her home as the place for her autonomous existence. This can strain the parent-caregiver relationship. It is one thing for the parent to criticize the management of a day care center and quite another a day care home - and yet the management of both affects the child's well-being. The relationship is further complicated by the fact that many caregivers in this particular field are also mothers. As mothers, they are vulnerable to the interpretation that a parent's objection to a particular child care technique is a personal criticism of the way the caregiver is raising (or has raised) her own children. This sensitivity goes both ways, of course. Some parents, especially when they are still developing strong attachments to their infants, feel rather threatened by all this emphasis on "mother" and "family." This plus the fact that parent-caregiver interaction usually takes place without the support of a third person (program director, consultant, etc.) who could help to objectify the situation, makes the parent-caregiver relationship marshy ground indeed.

Family day care needs to reexamine this problem. I think it would help if everyone involved with family day care — parents, caregivers, day care system consultants — thought of the day care home or perhaps several rooms of the home as an "open home" — an environment that is both public and private. Perhaps Maria Montessori's idea of the "socialization of the home" — neighborhood places that are extensions of the home, extensions that exist for the benefit of the neighborhood — would be helpful here. In addition, the role of the family day caregiver must be much more carefully defined by all, without losing the individual style which each



person brings to the job. I think a new title is needed for the family day caregiver, one that would threaten parents less and more clearly describe all the things that someone caring for children in her own home does.

Communication problems between parents and caregivers are more quickly resolved when the day care system has hired a coordinator who can act as objective third party. Also, besides individual talks between caregiver and parent, all the parents using a day care home could sit down frequently with the day care mother and, as a group, discuss their goals for the children in this day care home -- their concerns, the objections, etc. Parents considering family day care within a system would find it useful to think out carefully what they want in a day care home and to visit a home several times with the child, so they know both what they value and what is likely to happen in a day care home. Some systems or referral centers send parents out to look at three or four day care homes with a copy of "Do You Need Day Care?" This helps the parent to clarify in his/her mind what is important in a day care home to that parent. Also, the day care system could give parents a copy of the job descriptions of the family day caregivers (as well as some written guidelines detailing parents' responsibilities). These could form the basis for a more open "contract" between parent and caregiver and for a fruitful development of trust, by helping them establish exactly what they will expect from one another.

Besides the issues of autonomy of the home and the role of the caregiver, there are others which may muddy the parent-caregiver relationship. One is the sensitivie area of people's deep-seated feelings about appropriate sex roles. Many mothers feel doubly guilty leaving their children with another mother. In a culture that emphasizes the idea of mother-at-home, the working mother is vulnerable to the feeling that the family day caregiver is "better," "more of a woman," etc. On the other side of the fence, the family day caregiver, especially when she has younger children herself, may secretly feel it is not right for a mother to leave her infants. Or she may quietly envy the working parent, who gets to go out and lead a more "glamorous" life every day. These sorts of dynamics can also occur in the other child care arrangements, but in my experience, the environment of another woman's home is particularly conducive to these conflicts. Day care systems have an obligation, I think, to screen out people who express dismay over working parents or "feel sorry " for their infants. Or day care systems can work carefully with caregivers and parents to help them deepen their understanding of the ways in which working mothers are fulfilling their responsibilities to their infants. Parents, in turn, need to see the family day caregiver as a "working mother" also and take great care not to exploit her. Frequent, honest communication will help to bring some of these complicated feelings out in the open, where they can be effectively dealt with.

Family day care is also a child care arrangement with great potential for offering warm, comfortable care. But it needs supports. And the fashioning of these supports will take time, energy and day care's most urgent need — money.



-18-

THE PLAYGROUP

A child care arrangement that is a cross between group care and home care is the playgroup. Like exchange babysitting, however, the playgroup is only feasible when parents work part-time, whether that means for part of the day or a few days a week. Each parent is required to take a turn as caregiver for the playgroup, so this arrangement doesn't meet the needs of parents employed or studying full-time. For the parent who is at work or at school part-time, however, the playgroup offers the advantages of both group care (continuity of care, greater parent control) with the advantages of home day care (the familiar home environment, small group size) with few of the disadvantages of either. And playgroups have a singular advantage: their low cost to parents.

Playgroups vary in size anywhere from three up to about ten children. A small group usually meets in a home under the supervision of parents in rotation, with all of the homes and parents taking turns. Sometimes the parents, chipping in to contribute a salary, then hire a teacher (especially when there is more than five or six children). The teacher will be there for every session of the playgroup, with one or two parents to help out. Either arrangement contributes to the continuity of care for children under three. In the small group, the children are usually cared for by close friends of the parents, who they see in other (sometimes everyday) contexts, the way children in extended families might see aunts or uncles. For the larger group, since two or three different adults will be needed for each session, the hiring of a caregiver who can be a stable continuous figure is advisable -- and relatively inexpensive. If ten parents, for example, pay 50¢ an hour, there will be enough to pay a caregiver \$4.00 an hour and buy the extra equipment that will be needed for a larger group. A stable environment, too, works well for the larger group who might be confused by rotating through a number of different homes. A large home, a room in a church or synagogue, community center, local college or even public school, unless obtained for free, will add on somewhat to the cost; but these institutions often look favorably on playgroups.

Although from the viewpoint of developmental theory it might seem odd for infants and toddlers to be able to adjust to several different homes, my observations tell me that there is very little problem, as long as the <u>adults</u> are familiar and the change in homes is not too many. Some playgroups rotate their sessions one week at this house, another week at that house, instead of rotating on a daily basis.

The rotation of turns among parents in the care of children has distinct benefits. When two parents take turns caring for the children together, trust between the parent/caregiver is likely to build as parents have a chance to observe each other and see how each parent handles the group of children. And especially with toddlers, parents have the opportunity to see that it's not only their toddler who throws tantrums, etc. So many of the joys and sorrows of that under-three period come into focus as developmental necessities, rather than (as many parents secretly fear) parent-created problems.

Nearly all playgroups, organized as they are by parents, deeply involve parents in every aspect of the operation of the playgroup, from helping out with the care of the children to decision-making about general policies. The part-time working parents of playgroups often get involved in the playgroups, or with other parents, on their days "off" from work or school. In this way



playgroups offer a very positive support, not only to isolated parents, but to fragmented communities too, bringing the residents of a community into closer contact with one another. The neighborhood supermarket or public library or local pediatrician's office, for example, is likely to have cards posted by parents announcing their desire to organize or join a playgroup. These little cards become important points of contact, drawing parents out of their lonely homes into the crisscross patterns of relationships with other families that form the basis of a neighborhood.

In terms of the playgroup, "after hours" involvement of the parents also helps develop trust between parent/caregivers. For the children, playing with each other when the playgroup is not in session can be both a relief from the boredom of parent-child all day intereaction and a boost to their developing capacity for friendship as well.

As in neighborhood family day care, the home environment has both advantages (familiarity, interest and variation, "spread-out" space) and disalvantages (possible safety hazards, limitation of space).

Furthermore, the small group in a playgroup allows for the measured stimulation, focused adult attention and "feeling of family" that develops in a day care home.

And as in quality group care, the basic design of the playgroup, with its understanding that all the parents involved must come together and decide what they want out of the playgroup, etc., allows for maximum parent control.

Finally, a very attractive advantage of the playgroup is its low cost. When the group is small and parents simply take turns, there is no cost at all for the child care. Even when the group is large and a steady caregiver is hired, as long as parents help out as caregivers, the cost, as we have seen, is minimal.

The disadvantages of playgroups? They are very similar to the disadvantages of exchange babysitting. When the helping parent turn comes as caregiver, he/she is likely to see her previously playful child become a clinging, whining or aggressive child — jealousy. This doesn't happen to all children, but for the child who simply cannot share any part of his parent with other children, playgroups may be more painful than pleasant. For the parents, friendships can make evaluation of the playgroup experience quite difficult.



MINI-CENTER: THE BEST OF TWO WORLDS

Let me do some dreaming now of what I would consider the ideal arrangement for infant child care. It is the mini-center. There are ten to twelve children aged from a few months to three years in the center. There are three adults who work the morning shift (7:00 to 3:00) and three adults who work the afternoon shift (11:00 to 6:00), a four hour period when both shifts are on duty together and can share information about the children, plan the program, etc. "Attachment grouping" is ultilized. There are four children assigned to one caregiver in the morning, and the same four to another caregiver in the afternoon. This staff is supplemented by students and volunteers. The minicenter is housed in a renovated apartment in a project, the bottom floor of a house, or even a large double width mobile home. The renovations have been done so as to preserve those features of a home environment that appeal to infants, but at the same time remove all safety hazards. Repairmen, postmen, delivery people come to the mini-center to perform essential services in full view of the children, and frequent trips are made in groups of four to neighboring shops to purchase essential items. Provisions for one-way observation for parents have been made. There is plenty of light, plenty of space for active play, and a carefully controlled environment that offers just the right amount of stimulation for each child.

The outdoors is immediately accessible. The staff, the children and their families live in the immediate neighborhood and think of the mini-center as an extension of their own homes. Parents may use the center on weekends as a sort of indoor "tot lot." Because the center has several rooms, the children don't feel hemmed in and naptime can take place in separate quarters, away from the play area. Meals are prepared in the center's kitchen from meats, fresh fruits and vegetables and with occasional help from a two year old. In consultation with a pediatrician, caregivers and parents together develop their own policy about illness and special arrangments are made, either within or outside the center, for the care of sick children.

Parents and caregivers together decide what happens to the children during the day. Parent working part-time help out in the mini-center during the day. In addition to individual conferences, there are two meetings a month at a time convenient for parents: one to decide policy and one to discuss children and the problems of child-rearing. Teachers are hired on the basis of demonstrated competency with small children. They are well paid and many varied opportunities for their further education are available to them. The minicenter is situated adjacent to or very near a nursery school or day care center for older children, and provisions are made for mixing the two age groups. Parents are fully involved in the center program. Finally, the cost to parents: On a sliding scale, up to but no more than \$20 a week. The hard-earned taxes of the parents are used by the government to pay the rest and thus improve the lives of our own children, instead of being used to bomb and kill other people's children.

Parents are hard pressed these days to provide well for their children while they are away at work or school. Conspicuous by its absence in this article is much discussion about the grandmother or aunt who cares for the child during the day. That is because I know of only one person who uses this arrangement. This may be because I just happen to know a population that



-21-

is highly mobile and living many miles away from their families. But the increasing mobility of our society dictates that the pressures of making good child care arrangements will visit more and more of us each year. I hope that this paper, together with the responses it will generate, will be helpful in reducing some of those pressures. But most of all, I hope it points to a direction we must take if our infants and toddlers are going to get the care they deserve, a direction of careful observation, thoughtful reflection, honest communication and cheerful but determined work.



- 1. Women's Bureau, Department of Labor.
- 2. Some of these arguments can be found in: William Shannon, "A Radical, Direct, Simple Utopian Alternative to Day Care Centers," New York Times Magazine, April 30, 1972; and Belle Evans and George Siai, Day Care for Infants. Boston: Beacon Press, 1972 (\$6.95 hardback, \$3.95 softback); and The Care and Education of Young Children. Washington, D.C.: Day Care and Child Development Council of America reprint, 1973 (\$.75); see pages 4-23 to 4-31, "Notes on Group Programs for Infants and Toddlers."
- 3. Dorothy Huntington, et al., <u>Day Care: Serving Infants</u>. Washington, D.C.:
 Day Care and Child Development Council reprint, 1973. (\$.75). An inexpensive and useful investment for a parent using infant care.
- 4. I am going to use the word caregiver in this paper because people have different names for the person who takes care of children — teacher, family day care mother, babysitter, etc., and I want to avoid confusion. As someone who has worked in day care, I like to be called caregiver, but I know many others who feel that this name suggests someone who gives day care is "second-class" as compared to a nursery school teacher. This certainly is not intended here.
- 5. Robert Haggerty, "Childhood Accidents" in Haggerty and Green, Ambulatory Pediatrics, Philadelphia: W.B. Saunders Company, 1968, pp. 813-814.
- 6. Write Health Education, Children's Hospital Medical Center, Boston, Mass. They also have even more detailed pamphlets on the prevention of childhood poisoning.
- 7. Same samples of job descriptions for day care staff can be found in Day Care: Accinistration, a manual available from the Day Care and Child Development Council for \$1.25; also same descriptions in Evans and Siai, Day Care for Infants, mentioned above.
- 8. Sally Provence and Rose Lipton, <u>Infants in Institutions</u>, New York: International University Press, 1962; and Rene Spitz, "Hospitalism," <u>The Psychoanalytic Study of the Child</u>, Vol. I, New York: International University Press, 1945.
- 9. Evidence to the contrary can be found in Bettye Caldwell, "Infant Day Care and Attachment," American Journal of Orthopsychiatry, 1970, 40:3, pp. 367:412; Caldwell, "What Research Teaches Us About Day Care For Children Under the Age of Three," ibid; and Bernard Asbell, "Helping Children to Grow Up Smart," Redbook, July, 1970. But I think the best evidence about the effects of infant day care can be gathered by going to visit infant day care centers or family day care homes, or by talking to parents who have used day care for their own infants.
- 10. Ann DeHuff Peters, "Health Support in Day Care," in Day Care: Resources for Decisions, edited by Edith H. Grotberg. Washington, D.C.: Day Care and Child Development Council reprint, 1972. (\$4.00)



-23-

- 11. Selecting and Instructing Babysitters, a pamphlet free from Mead Johnson and Company, Evansville, Indiana. Pediatricians' offices and pediatric clinics might also have copies of this pamphlet.
- 12. Ann De Huff Peters, op. cit.
- 13. Elizabeth Prescott and Ecliabeth Jones, <u>Day Care as a Child-Rearing Environment</u>, Washington, D.C.: National Association for the Education of Young Children, 1972. Prescott and Jones found that centers for 30 to 60 children offered the highest quality of care.
- 14. Herbert Birch, "Malnutrition and Early Development," in Day Care: Resources for Decisions, op. cit.
- 15. See testimony of Ms. Mary P. Rowe before the Senate Finance Committee, an appendix to Day Care Survey 1970, Washington, D.C.: Day Care and Child Development Council, 1972 (\$1.50).
- 16. "Same Ways of Distinguishing a Good School or Center for Young Children," free if you send a stamped self-addressed #10 envelope to: National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C.
- 17. Personal communication from Ms. Kate Bulls Lafayette, former director of the KLH Child Development Center, Cambridge, Massachusetts.
- 19. June Sale and Yolanda Torres, I'm Not Just a Babysitter, Washington, D.C.:
 Day Care and Child Development Council of America reprint, 1972 (\$3.00).



The author wishes to express special appreciation to T. Berry Brazelton, M.D., Gwen Morgan and Ilse Mattick for their contributions to the thoughts shared in this paper.

ABOUT THE AUTHOR:

Peggy Daly Pizzo, the mother of two preschool children, has a background in day care administration and consulting, a master's degree in early child-hood education and four years of experience in making child care arrangements. She also writes articles for VOICE FOR CHILDREN, the monthly newsletter of the Day Care and Child Development Council of America. Some of those articles include "Child Abuse and Day Care," "Insider's View of Family Day Care Literature," Organizing the Housewife for Child Care," and "Mothers in Paid Employment: a Review."

VOICE FOR CHILDREN, the monthly newsletter of the Day Care and Child Development Council, highlights legislative developments in the child care field, funding ideas, descriptions of child care advocacy action across the nation and concrete information for parents, caregivers and child care advocates about the operation of children's programs.

A yearly subscription to VOICE FOR CHILDREN can be obtained by joining the Day Care and Child Development Council of America. A membership application is available on the next page.



-25-

MEMBERSHIP APPLICATION

The Day Care and Child Development Council of America is a national nonprofit membership organization advocating the development of comprehensive child care and development services for all families who need and want them.

The Council has members from all walks of life in every state of the Union.

All members receive VOICE FOR CHILDREN, special bulletins, conference information, and have a voiting power at the Annual Meeting. Agency members receive six copies of VOICE mailed to one address. All have access to technical assistance and informational services.

ENCLOSED IS AS MEMBERS	HIP DUES FOR TH	E NEXT 12 MONTHS.	
NAME		·	
ADDRESS			
СІТУ	STATE	ZIP	
Individual rates	Agency	rates	
\$12 - Regular	\$50 -	\$50 - regular	
\$5 - Day Care parent, full-time student, retiree	\$25 -	\$25 - single program center	



00029

- SAMPLE DAILY SCHEDULE -

7:45 to 8:00	Early arrivals - Milk		
8:00 to 8:30	Indoor play - Health checkups		
8:30 to 9:00	Infants inside - All other children outdoors	9:00	
9:00 to 9:30	Toddlers and younger 2's snack		Older 2's, 3's and 4's
9:30 to 11:00	Education period in the cottages for infants, toddlers, and younger 2's		go to the classroom.
11:00 to 11:30	Lunch for infants, toddlers, younger 2's		
11:30 to 12:00	Preparation for nap for infants, tod- dlers, and younger 2's	12:00	
12:00 to 12:30	Lunch for older 2's, 3's and 4's		
12:30 to 1:00	Nap preparation for older children		
1:00 to 2:00	Nap and rest for all children		
2:00 to 3:30	Optional nap or quiet play	2:30	2's, 3's and
3:30 to 4:00	Snack for all children		4's go outside for
4:00 to 4:30	Quiet play activities or outside	3:30	planned activities.
4:30 to 5:15	Supervise quiet play activities Home preparation Children and staff clean-up		





EDUCATION: A General Program

Educational services of the day care center are broken down into two areas a *general* program which is designed by teachers and cottage parents to provide activities for very young children as part of their total Center experience, a *structured* program of educational inputs designed by curriculum specialists to achieve specific education goals.

General education refers to learning which is ongoing or continuous. Children learn from everyone and everything around them even when they are not being "taught". If one is aware of this potential, he can attempt to make childhood experiences meaningful and childhood environments stimulating. The general education program at Frank Porter Graham was a balanced one on the order of many laboratory nursery schools. Its primary focus was to provide an enriched environment which would stimulate growth and development of:

- . self-help skills
- . verbal ability
- . positive social adaptation
- . realistic self-confidence.

General education has been part of our plan throughout the Center's history. In addition to providing for their basic physical needs, the day care staff was responsible for the Center's general education program for younger children Because of their close interaction with the youngsters, the role was a "natural" for them. In the time allotted for free play, and with the support of this staff, there were opportunities for spontaneous learning, exploration and practice, as well as for social and emotional development.

We found it essential for staff workers to recognize the fact that education is a continuous process and that children learn from all those around them. Acting on this premise, our first staff members spent considerable time at conferences and at in-service training sessions designed to promote positive attitudes in them and effective skills for dealing with children. Partly as a result of these meetings, staff-children interaction at Frank Porter Graham was characterized by warm acceptance of children; emphasis on reward



rather than punishment, existence of high but attainable standards, high level of social interaction among children, use of elaborated language based on explanations; and the encouragement of individual differences in children within widely but firmly structured limits.

We felt that creating an environment for spontaneous learning was important, but that it was not enough. At our Center a period of the morning was designated for scheduled educational activities. During these time periods general education occurred, but children were also given specific lessons by the curriculum development staff (see next Chapter).

During the periods allotted in the cottage for "educating" an infant, the baby was held, talked to, smiled at, cuddled, or placed in a new position or location so that he could experience his world from various perspectives. Under the direction of cottage parents, older infants and toddlers engaged in individual or group activities. Cottage parents were particularly sensitive to the need for all children to acquire self-help skills. Activities designed to help develop certain skills appropriate to age were:

- . for infants, sensorimotor experiences emphasizing the sounds of music and the human voice, the sight of projected pictures and hanging mobiles, body movement, and the feel of a variety of tactile toys;
- . for children age one and two, experiences emphasizing motor skills, the matching of similar objects, identification of body parts, listening to stories, work on increasingly difficult puzzles, identification by name of familiar objects, dressing and undressing themselves.

LEARN IN CLASS AND OUTDOORS -

In July of 1968, the Center equipped a classroom trailer and hired a nursery school teacher and teacher's aide to provide a daily general education program within a classroom setting. From that time on, older children participated for at least three hours each morning in a classroom program which provided a balance of appropriate educational activities. This plan transferred the builden of educating older children from cottage parents to personnel specifically trained and employed for that job. Most children were 2½ years old when they were promoted to the classroom educational period. They left the cottage able to:

- . verbalize their feelings and needs:
- dress and undress themselves except for shoe tying and manipulating difficult buttons;
- . attentively participate in group activity.

From scheduled educational periods they learned to work puzzles of up to 20 pieces, identify the basic colors, tell short stories, and participate in matching games which varied in complexity.



In the classroom as in the cottage units, the Center's aim was to provide first hand experiences which permit the child to directly participate in the learning process. In order to create personal encounters with the world which were suited to the child's stage of development, classroom activities ran the gamut from nonstructured to structured, from individual to cooperative, from independent to teacher-directed.

The classroom itself was rich in opportunities for exploration, experimentation and innovation. It contained a number of "interest centers" or special areas designated for art, music, science, block play, puppet theatre, reading and housekeeping. The arrangement permitted children at the Center to pursue their own interests and inclinations. We held a circle discussion group each morning to call attention to these centers and encourage children to explore them. Through personal encounters with such new environments, youngsters at Frank Porter Graham sharpened their senses of taste, smell, hearing, seeing, and feeling. They increased their ability to question, plan, solve, listen, and explain.

The outdoor environment at the Center provided space, a sense of freedom, and challenging equipment to help promote motor development and coordination. Small group games which put a high premium on cooperation, sharing, and taking-turns aided social and emotional development in children.

In addition, we often used the resources of the larger community to provide learning experiences for the children at the Center. Field trips to such places as the supermarket or the bus station were planned as follow-ups to lessons presented in circle discussion groups. Such firsthand experiences did much to expand each child's concept of his world and to clarify misconceptions about it.

- DIFFERENT WAYS TO LEARN -

We consistently followed three approaches to learning—each one varying from the others in degree of structure. These were:

- . teacher-initiated experiences which the teacher consciously planned in advance and introduced to her group;
- . child-initiated experiences which developed from an individual child's response to objects or activities;
- . spontaneous experiences in the environment on which the teacher capitalized.

General education in our preschool classroom was not characterized by sharp divisions of subject matter. Whether in free play or group discussion, all children were encouraged in both expressive and receptive language. Songs, stories, and dramatic play reinforced less direct language experiences. To help increase a child's vocabulary, there was the opportunity for the child to dictate stories to the teacher and hear tape recordings of his own voice. Because subjects were interrelated, general education was visualized as a circular pattern of subject areas organized around the needs of the young child.



30

CURRICULUM DEVELOPMENT: A Structured Program



Integrating structured educational experience into the general day care program, particularly for infants and young preschool children, made the Frank Porter Graham Center almost unique in the mid-60's. This action reflects our belief that children will not necessarily produce their own "curricula" or select activities to help them acquire needed skills and correct deficiencies even in the most stimulating environment. For example, early in the program we observed that children with developmental lags in language did not spontaneously seek opportunities for verbal interaction with staff. Initially our program provided scant hope for correction of this language problem. Once structured experiences were begun, however, such children became involved in more verbal activities during free play periods. We observed subsequent improvement in their use of language.

CARRY ON RESEARCH

Many people think of research as occurring only in a laboratory. Actually, research requires careful observation and evaluation, and can be carried on wherever something is happening. With systematic records on each child, the directors of most day care programs can carry out a kind of "informal research" which will aid in program planning and evaluation. As we accept the concept of ourselves as fallible human beings, we can also accept the challenge that we need to be concerned about improving our program. It is through the collection of information and the honest evaluation of one's own effort that such an improvement can occur.

Ongoing research is essential to the development of new curricula. Since the Frank Porter Graham Center did not intend to select a list of already tested and established programs to use, its educational program had to be the product of research and innovative practice. Such a program usually evolves through a three stage process. First, staff decides on a specific educational goal and plans a structured program to achieve that goal. Secondly, the pro-



gram is created, tested and revised. Finally, if it has been successful, it is put into general practice.

The following is a rundown of our initial efforts to develop suitable curricula for a structured educational program at the Center, it is a very general example of ongoing research and practice which has been divided into three phases or levels of organization as we experienced them.

PHASE ONE: THE PILOT PROJECT -

In the fall of 1967, six individuals were assembled to form an educational development team concerned with curriculum. Each was well versed in a particular content area, but few had extensive experience with infants or very young children. Since experience with children could be gained "on the job," expertise in content areas was a high priority in recruiting these new staff members.

After an initial month of planning, the curriculum development staff identified eight content areas to explore. language, perceptual skills (reading readiness), fine and gross motor skills, art, music, science, mathematical conceptualization, and second language (French). A pilot program was begun in which each staff member assumed responsibility for working with children at each age level in one or more of the eight content areas. Specific time periods were designated for educational activities conducted by these curriculum development specialists. Despite content differences, certain teaching goals were common to all of their structured programs. They should help children to:

- . improve verbal expression;
- . lengthen attention span and become increasingly alert to the environment:
- . establish positive and reasonable achievement goals.

Three staff members developed their content areas (language, sensorimotor skills, and reading readness) into more refined teaching programs in the spring of 1968. The other three curriculum staffers assumed roles as generalist teachers and participated with cottage parents in the delivery of ongoing basic educational activities.

During the time scheduled for general educational activities, the three specialist teachers had the opportunity to take small groups of children aside for individual instruction in specific skill areas. Such structured education complemented the general education program. Under this plan, it was not unusual for a child to interact with several teachers during the course of his day.

In addition to teaching small groups, the specialist teachers regularly supplied materials and lesson designs for the generalist teachers (see Appendix, page 53). The eventual aim was to shift the role of the specialist from daily classroom work to guidance and supervision of generalist teachers. This was accomplished as the program matured.

Portfolios which contained teaching scripts, verbatim response records of children, and newly produced audiovisual aids were compiled by curriculum development specialists for five teaching areas:



32

- . sensorimotor development (for infants through two year olds);
- . oral English (for two through four year olds);
- . reading readiness (for two through four year olds);
- . French (for three and four year olds);
- . science (for three and four year olds).

- PHASE TWO: UTILIZING PROJECT RESULTS -

Beginning in the fall of 1968, two key programs from phase one, Oral English and French, were selected to be continued for six more months. A third program, stimulation of primary mental abilities, was added to the curriculum. In contrast to the other two, the Primary Mental Abilities Program represented an established curriculum study which was highly developed and already experienced in other centers. It was the Science Research Associates' *Learning To Think* series also known as the Red, Green and Blue Books by Dr. Thelma G. Thurstone. This particular program inclusion was an important factor in Frank Porter Graham's educational growth because it made available a sophisticated cognitive curriculum a series of lessons, materials, and teaching devices to help preschool children learn (see Appendix, pages 54-56).

The object of cognitive curriculum is to improve upon the primary mental abilities of youngsters in areas such as motor coordination, perceptual accuracy and selectivity, receptive and expressive language, and reading. In other words, cognitive curriculum aims to prepare the child for doing things he will be asked to do on increasingly more difficult levels all his life.

In addition to the Learning To Think books, one lesson used at our Center to promote cognitive skills is centered around a mailboard figure of Katy a kangaroo. Simple get-togethers with a teacher and Katy help children learn the concepts of shape, color, number, arrangement, and size. Some lessons involving the figure are specifically planned to heighten the preschooler's reasoning and perceptual skills (see Appendix, page 57).

Subjects of a highly conceptual nature such as social studies, science, and mathematics also fall under the heading, Cognitive Curriculum.

Science activities concerned the child with the world around him. He observed nature, performed simple experiments, and learned to question. Most important, each child heightened his ability to discover things for himself. Some very basic concepts drawn from the chemistry area of our science curriculum were:

- . We recognize some things by their odor, taste, color, etc.
- . Some things are difficult to wash off your hands.
- . Some substances evaporate faster than others,



34

. Some objects bounce higher than others.

. Some substances are heavier than others of the same size.

. Some substances burn and some do not.

Some substances dissolve in water.

Mathematical concepts also evolved within an environmental framework. These activities were concerned with the child's own relationship to size, space, measurement, and number. We believe that a child progresses toward understanding abstract concepts by handling, sorting, grouping, comparing, and classifying various objects. Our children frequently engaged in such activities. For a sample of the kinds of lesson plans which encourage learning in such areas, see Appendix, pages 61 to 64.

It wasn't expected that any educational program, except Primary Mental Abilities which was an already established curriculum study, would be developed in final form during Phase Two. This period was designated for experimentation and revision of programs. The Center did make an important organizational change during Phase Two. Cottage parents were assigned to complete responsibility for providing one and two year old children with a variety of semi-structured educational experiences each day. Some of these experiences have already been described in the discussion on general education.

Curriculum development specialists continued to take children out in small groups for direct instruction in specific areas such as Oral English, French, and music. The staff also continued to provide stimulation programs for those under one year old according to the individual child's receptivity, his sleeping and waking schedule.

—— PHASE THREE: CONSOLIDATING EFFORTS ——

The period from February 1969 to the present has been spent determining what was accomplished in curriculum development during phases one and two. It involves putting content for each program into sequence, and endeavoring to achieve a satisfactory balance of education programs, both general and structured. This has been an ongoing effort at the Frank Porter Graham Center.

The next section in this booklet describes how our Center proceeded to develop one of the structured programs we used, Oral English. We hope it will clarify for you the process of developing new curricula as we experienced it at Frank Porter Graham.



A Chronology in Oral English

Concentration on an oral language program is justified by the central role which language plays in the development of many intellectual abilities. That we use language not only to communicate, but in all aspects of human behavior suggests that it is the most pervasive content area. For this reason, we decided to use the Center's Oral English Program as an example for you on how to proceed in developing new curricula. Our progress is divided into specific time periods.

OCTOBER 1967 TO JANUARY 1968 —

The primary tasks of our Center's language program have been to create experiences and to devise teaching strategies and materials to help preschool children: acquire language skills more rapidly and at a younger age; improve verbal reasoning and the ability to form concepts; master the phonological system; lengthen attention span; use language spontaneously to communicate and learn.

Our first attempts to develop daily language-teaching episodes for children from infancy to age four raised many questions. We needed to know:

- which methods were most effective in presenting language stimuli and language principles to infants and young children;
- . how to obtain reliable feedback from children's responses to language stimulation;
- whether individuals whose language patterns were not typically elaborated standard English should be excluded from working with children:
- the critical variables in preparing language instructional units:
- . how to most effectively use audiovisual aids for instruction and demonstration.

For many questions there were no apparent answers. Decisions at the Center regarding "which way to go" were often arbitrary ones. We knew that we wanted to encourage children to continually interact with the environment we created, and that that environment needed to be rich in learning potential. We also knew that experiences gained within the Center should be age-appropriate, and tailored to encourage each child's special talent while compensating for deficiencies in him which hinder development. What we did



not know in October 1967 was how to proceed toward realizing these goals. Center staff endeavored to learn by experience. We would rely on the children to indicate what kind of curricula we could develop for them. By observing children we felt we would learn their needs, and knowing their needs we could presume to fulfill them.

When the instructional program in language was initiated in October 1967, there were 22 children at the Center ranging in age from three months to nearly 3½ years old. They exhibited a wide range of language skills as a result of their diverse cultural backgrounds.

During phase one of the language program, the language specialist presented 20 to 30 minute daily lessons to groups of infants, toddlers, two and three year olds. Because there were few teaching materials, it was an effort to present language concepts in a logical and meaningful way. We did rely on different studies of language development in young children in deciding which aspects of language might be appropriately introduced at Frank Porter Graham. Even speech improvement materials and language activities designed for preschool deaf children, especially the John Tracy Clinic's "Correspondence Course for Parents of Preschool Deaf Children," were useful.

Since we began to think of language instruction as an environmental input, staff at the Center established specific language goals for each of the age groups we dealt with. What follows is a brief description of the educational practices which we followed for each of the four age groups as part of the oral language program.

A language stimulation program for infants was begun to provide supplementary activities for day care workers which could ser, as models for continuing a high level of verbal interaction with the children. For the mfants, activities were planned to encourage them to vocalize more often, to heighten auditory awareness of speech, and to enhance attention span. An important aspect of the Center's program was the close interaction between child and language specialist.

Seven children, ages three to seven months, initially participated in the infant language program. They were generally from families on a low socio-economic stratum. On occasion, all seven infants were available for the language presentation, but more often than not only three to five children were awake and ready to "play games." Materials for the games included brightly colored pictures of common nouns, finger games, flannel cutouts of a face, sound toys, balloons, nursery rhymes and songs.

Daily presentations were patterned after the way we assumed a loving, friendly, knowledgeable mother would interact with her own infant. We avoided a strict teacher-pupil or examiner-subject relationship. Our simple program consisted of five or six activities, all of which were intended to last only two or three minutes. If, however, an "instructor" determined that an infant was absorbed in a particular activity or object, he endeavored to sustain the child's interest by repeating or elaborating on the presentation. While the order and duration of activities varied from day to day, we generally followed this outline:



- The "instructor" began by greeting each infant by name. The greeting was in a low, pleasant voice accompanied by direct eye contact and a gentle pressure (pat) on the infant's stomach or head.
- After the greeting, there was a series of three or four finger games, such as patti-cake and itsy-bitsy spider. Infants were encouraged to respond by waving their hands or even clapping. If they did so, they were praised for their effort. Any attempts they made to vocalize received the same encouragement.
- Next, sound makers such as a cymbal, a bell, or marbles in a plastic jar were introduced. Each sound object had a corresponding picture reproduced in actual size and color on a large poster. The procedure was to make the sound for the infants and then "match" it to its picture.
- The next activity was looking at pictures. The language specialist held up a picture, labeled it, and invited the infants to look at it and pat it. Frequently, the specialist held infants one at a time while they looked at pictures.
- Instruction on the flannel board was next. The language specialist constructed the face of a child with pieces of flannel. As she did so, she named each part of the face and, with the help of a mirror, indicated corresponding parts on each infant's face.
- The final activity involved conversation between the infant and the language specialist. Each infant was picked up, cuddled, smiled at, and exposed to a variety of vowel and consonant sounds as well as oral motor movements. It was not unusual for a child to start a "conversation" by vocalizing in response to the language specialist's speech sounds.

The infant's attention span during the presentation lasted, in some instances, as long as 20 minutes. While individual attention varied, it was apparent to staff at Frank Porter Graham that infants generally found the language activities appealing (see Appendix, page 64).

Language goals for the toddler group of five children, 19 to 20 months old, included vocabulary expansion, auditory discrimination, identification of body parts, and development of two and three word constructions. Like the infant program, there was a standard method of presenting the half-hour daily teaching episodes to toddlers. Staff began with environmental sounds produced by a tape recording. Children were encouraged to identify and match



66643/43

At the end of our four month teaching period, the toddlers had an expressive vocabulary of between five and 50 words, and were easily using two and three word combinations. We never corrected children's first words. Generally, staff members tried to understand any effort children made at talking. They responded to it, and demonstrated in every way they could how

important the children's words and meanings were.

The Center's language program for two and three year old children loosely followed the language instructional program of Bereiter and Engelmann. Their program was based on the principles of highly structured teaching aimed at development of pre-academic skills. It differed from other highly structured programs in technique. Bereiter and Engelmann emphasized flexibility and a gentle pacing of instructional activities.

Based on their program, our language specialist attempted to illustrate language principles, such as plural and negative formations, by using attractive, manipulative objects. We progressed from simple labeling and identity statements to the construction of sentence strings. After the first six weeks of the program, we no longer needed token rewards for attendance and performance. The children appeared to be highly motivated by social reinforcement as well as intrinsic interest. The two and three year olds were enthusiastic about playing games everyday.

Children age 25 to 30 months had an active voeabulary of between 200 and 750 words. They could listen accurately, purposefully and responsively. They were beginning to define objects in terms of function and manifested great skill in expressing their ideas correctly, as well as in novel and imagina-

tive ways.

Children age 36 to 45 months possessed active vocabularies that were estimated to exceed 2,000 words. They were using identity statements, polar opposites, and correctly using prepositions in statements describing placement. They were beginning to name positive and negotian instances for several word classes and could define common objects by use, description, and/or generic terms. They were able to use a few time phrases, and had mastered such initial literarchy statements as "men and women are people," or "apples and o anges are fruit." Children in this age group were also beginning to comprehend aspects of size and time.

Although it was apparent that all children at the Frank Porter Graham Center were making significant progress in their language skills, we didn't feel we had gotten closer to realizing one particular curriculum goal. That initial goal involved developing "exportable curricula" which would be useful to



other day care centers. When we realized this had been neglected, the daily teaching program for children was concluded. In February 1968 we began to evaluate our program and revise its methodology.

FEBRUARY 1968 TO MAY 1968 -

The initial teaching experience with the children gave way to a second curriculum development activity. This involved the language specialist providing materials, lesson plans, and in-service training for generalist teachers and day care workers. It reflected the intent of the curriculum development staff to create and, hopefully, field test specific materials which could be used in early childhood education to enhance language. Major educational projects undertaken to achieve this involved:

preparation of teaching episodes which would yield empirical data concerning the value of particular teaching methods, as well as measure children's achievement in language development;

continued input of specific language experiences, materials and lesson plans into the general education program in order to learn whether or not the new lessons were adequate;

efforts to determine what kinds of contributions paraprofessional personnel could make toward the overall effectiveness of a language instructional program.

The entire program between February and May 1968 was augmented by informal, in-service training of day care workers. Although the training program was rather loosely organized, it was hoped that the day care workers or generalist teachers would gain insight from it and learn practical techniques which would improve their encounters with children. There were informal conversations, conferences, and demonstrations of general lesson plans, as well as specific instructional materials (see Appendix, page 65). From this instruction, it was anticipated that day care workers would not only assume a more direct teaching role, but would also have enriched their own modes of verbal behavior enough to encourage a greater amount of spontaneous learning in the youngsters they cared for. Desirable characteristics in the staff's verbal style were those which would:

- . provide the children in the day care units with good speech models:
- . emphasize verbal labeling and methods of explaining objects, events, and their relationships;



. encourage development in language-related areas, such as storytelling, singing, and listening to music:

. use a conversational approach with children which involved not only repeating and expanding their utterances, but actively responding to them by giving specific answers, and following those by tactful inquiry.

From this chronology on how Frank Porter Graham proceeded to develop an educational program in oral English, we hope you have gained some insight into curriculum development for day care centers.



HEALTH CARE: A Comprehensive Program



Frank Porter Graham's interest in the optimum development of the child dictated that our attention focus on the child's total environment—both internal and external. Care of the internal environment—the child's physical health was the responsibility of those involved in the Center's health science program. The health program had three main goals:

- . to provide daily health care for the children of the Center
- . to develop more efficient methods for providing such care
- . to research specific areas of child health.

DAILY HEALTH PROCEDURES

In order to fulfill our first objective, to provide health care for the Center's children, we developed a system of daily examination. Upon arrival at the Center each morning, parents submitted to staff members a written description of illness symptoms observed in their children. They even noted any unusual events which occurred during the night. Each child suspected to be ill was examined by a pediatric nurse whose special training enabled her to perform a basic physical examination, including inspection of the ears, nose, throat, chest and abdomen. If the illness was minor, the medical cottage parent took responsibility for the child. If the illness appeared to be more serious, the Center's pediatrician was consulted and necessary treatment was prescribed.

Initially, the Center's medical trailer was open all day on weekdays and also on Saturday mornings. Our medical research laboratory was equipped to process microbiological cultures, but specific blood tests and x-rays were given at North Carolina Memorial Hospital. The hospital is on the University



campus and only a short distance from the Frank Porter Graham Center. All parents were instructed to use the hospital emergency room if acute problems arose during times when the Center's medical facilities were not available. In most cases, we were able to initiate care at the Center so that emergency room visits were unnecessary. If an isolated case required a visit to the emergency room, however, we could easily maintain communications with the hospital because the Center's pediatrician was on the hospital staff.

It has been our policy that once a decision is made concerning treatment of a sick child, a plan for care is sent to the medical cottage parent, to the child's home, and one copy is kept in the Center's files. Information is sent to the home to insure that parents continue prescribed care. Except in the case of a highly contagious disease like chickenpox or measles, a sick child can remain at Frank Porter Graham. He is not isolated from the other children.

Allowing sick children to come to and remain at the Center was an innovation in day care. In many ways, this practice is socially significant. A mother often has difficulty arranging to stay home from work, school, etc., when it is determined her child is ill. Finding alternative care, such as a babysitter, often compounds the problem. Substitute situations, such as an older sibling staying home from school with a sick child, are common though undesirable. Consequently, a child kept home because of illness often gets less adequate care than if he remains at his day care center. New standards issued by the American Academy of Pediatrics support this viewpoint.

A second aspect to consider is isolating the sick from well children in a group setting. In our experience, isolation is unnecessary. Allowing sick children to mingle has not caused increased illness. If an ailing child at Frank Porter Graham wants to rest, he may separate himself from the group to do so, but staff members encourage any child who wishes to, to go ahead and participate in activities which appeal to him. We have been impressed with the ability of the sick child to regulate his own tempo, taking naps as he needs them and remaining active when he feels well enough. During our first two years, absenteeism caused by illness was practically unknown at Frank Porter Graham.

DEVELOPING EFFICIENT METHODS

A second objective of our health program was to increase the skills of all personnel concerned with the children's health. This resulted in a transfer of some duties. For example, the pediatric nurse assumed many of the health care responsibilities that had formerly been the realm of the pediatrician. Such time-consuming tasks as scheduling immunizations, parental counseling, and well-child evaluations became part of her job.

Licensed practical nurses in the cottage polished their skills and assumed responsibilities in health screening. Training programs conducted for the day care workers augmented their effectiveness in areas of child health maintenance, such as sanitation and personal hygiene.



A third broad goal of Frank Porter Graham's health care program was to research specific areas of child health. Medical research at the Center focused primarily upon the study of infectious respiratory disease. We sought answers to some basic questions: how frequently does respiratory disease occur in group day care; what viral agents are responsible; what is the role of natural immunity; is it possible to intervene to reduce the incidence of respiratory disease?

Our health staff found that respiratory illness rates among the Center's children were not excessive when compared with rates of such illness in children cared for at home. The highest incidence occurred in infants, then gradually decreased as children grew older. There was a correlation between how often viral agents were isolated from children in the home and isolated from those in group care at the Center. Viral agents appeared to behave in similar ways in both situations. We identified a few viral agents as those which caused the more severe respiratory diseases in both groups. These included respiratory syncytial virus, the parainfluenza viruses, and certain adenovirus serotypes.

It seemed important to determine whether recurrent infections of the same virus or bacteria happen in nature or whether the host develops specific methods of preventing reinfection. This question can best be answered through longitudinal study. We found a day care center ideally suited to this purpose. Studies conducted at Frank Porter Graham suggest that some of the most important respiratory agents in children are capable of reinfecting the preschool child several times, and that natural immunity to these agents is not very effective. Reinfections do, however, cause less severe illness than the initial infection.

It's thought that vaccines are the most likely means of preventing respiratory illness. Children at the Center have participated in two vaccine trials, but neither vaccine prevented illness from occurring.

It was these kinds of research activities which allowed us to establish certain health procedures with confidence. Health research is an additional reason for maintaining a child population at Frank Porter Graham.

The experience of providing health care to children at our Center, as well as the data we've accumulated from research studies in the etiology of infectious disease has led us to form certain concepts. These views are not yet completely supported by firm data, but represent our current working hypothesis:

- . A day care center provides an ideal setting for a nurse practitioner to employ her skills both in care of the well child and in screening of sick children.
- . Young infants can be cared for in group day care without excessive amounts of illness developing if there is adequate staffing, sanitation, space, and medical supervision.



- . Isolation of sick children is not necessary if adequate precautions are taken to maintain a good overall environment.
- . Stable well-trained staff members who are constantly with children, plus adequate facilities, are necessary to maintain a healthy day care environment.

ESTABLISHING A HEALTH CARE SYSTEM

The system of health care at the Frank Porter Graham Center is possible because the Center is part of a university affiliated program. We are able to tap the resources of several schools and departments of the University of North Carolina. A most important aspect of our health program is the very close cooperation between the Center and the Infectious Disease Laboratory of the University's Department of Pediatrics. A pediatrician from the laboratory has provided health care for our children and directed the respiratory disease research program. Through cooperation of the University's Pental School, the Center is able to provide dental care for the children and initiateresearch into aspects of dental health. The School of Nursing and the School of Public Health has assisted in our nurse practitioner program. A genetics research project has been started in association with the Department of Biostatistics of the School of Public Health. We hope that many other departments and schools of the University can contribute at different times and in different ways to the Center's total health program. In fact, the overall substance of our health care and health research programs is strongly influenced by resources which are available to us at the University.

Such a situation does not exist for most day care centers. Usually there are several private physicians providing care to the enrolled children, so that responsibility is diffused. Often there is a lack of health manpower, including registered nurses (RN), pediatricians, and licensed practical nurses (LPN). Even if personnel is available, the cost is prohibitive to many centers.

There are, however, certain features that should be common to all day care centers. First, it is important to have at least one person designated to oversee health care. Health personnel are essential, although they need not always be health professionals. If it is not feasible to employ an RN or LPN to be responsible for the children's routine health care, an individual without medical experience can do the job. This person should undergo a period of on-the-job training, preferably conducted by an RN. Responsibilities of this employee are to report the occurrence of illness to people trained to treat it, and to provide routine care, such as assuring that a sick child receives fluids and rest as needed, or medications when they are prescribed. Overseeing sanitary conditions of the environment falls into this realm. Such a day care worker is responsible for health care in much the same capacity as a child's mother in the home.

Secondly, all centers should have one health professional to coordinate planning and be responsible for the total health care program. This may be a nurse or a physician. In such a role, a person need not provide direct health



care for preschoolers who have a private physician, but should discuss problems of individual children with the doctors responsible for them. The health professional must be concerned that no health hazards exist at the Center, employ a method of detecting chronic or acute problems in children which deserve special medical attention, and help set policies concerning the isolation of sick children, food handling, etc.

Finally, each Center should have an established system of contacting the health professionals responsible for providing medical care to each child. The names and phone numbers of children's private physicians should be on file, and communication with them should take place not only to treat, but to prevent serious illness and emergencies.

It might be economically attractive for a number of small day care centers in neighboring areas to jointly hire a health professional to serve them. A registered nurse or nurse practitioner could fill the slot-supervising health care and screening illness. This person would maintain liaison with the non-professional health care worker at each of the centers, and consult on the centers' health problems as well as those of individual children. As a health professional, he or she should be able to deal effectively with other providers of health care in the community, such as the children's private physicians. The extent of responsibilities would depend upon local factors, the individual's skill, the availability of other medical resources, and the number of children involved.



00051/52

THE FUTURE: A More Perfect Past



A lot has been accomplished at the Frank Porter Graham Child Development Center, although much remains to do. The two facets of our total program which drew initial support the day care and comprehensive health care programs have been strengthened through periods of trial and error. Now we can advance forward on more firm footing.

What we have outlined for you in this booklet is what we consider our pilot program. The experiences gained during the pilot stage at the Center provided a sturdy cornerstone on which to build a permanent program. By sharing these experiences, we hope to ease the growing pains of others who have the interest and capability of establishing a comprehensive program in child development.





APPENDIX

SAMPLE IN-SERVICE TRAINING TECHNIQUES FOR TEACHING SMALL GROUPS

- 1. Rely upon real or at least realistic objects throughout the imital stages of concept instructions.
- 2. Keep your speech rate and voice quality natural.
- 3. Do not hurry children, but be sensitive and skillful about varying the lesson pace to keep children alert and attentive. Initially, conclude teaching episodes before the individual or group manifests symptoms of restlessness. This may mean less will be accomplished at first but it should result in later willingness to remain for longer sessions.
- 4. Utilize the sentence completion method for purposes of providing children practice in developing longer (and hopefully more accurate) phrases and sentences; e.g., "Where is the spoon?

Teacher:

The spoon is _____

Child:

"Under the cup,"

- 5. Discover value of alerting devices clapping, tapping, touching for the purposes of directing children's attention.
- 6. Use short explanations. Demonstrate with puppers or objects the desired response. Avoid telling children the central goal or process. Let them discover the principle (and later, hopefully, verbalize it) unencumbered by too much and, therefore, uscless talk,
- 7. Aim questions at children's maturational level:

What? Where?

Who?

than ...

How?

these questions.

Questions are

perhaps easier



- 8. Reward, by whatever effective means appropriate, children's "thinking" responses. Let children know you approve of their thoughtful approaches even if they lead to totally incorrect answers. Do this even for partially correct replies. Emphasize the degree of accuracy rather than of inaccuracy.
- 9. Reward listening behavior.

Child:

- 10. Make rules of behavior explicit on first encounter with children during game playing time. Teacher should be watchful of child's first testing of rules and be prepared to define such acts as "friendly or unfriendly," "listening carefully," or "not listening carefully." The negative aspect can be virtually omitted if teacher observes promptly and frequently when children are following basic rules for game playing.
- 11. When inviting preschoolers to "play games," select the time and situation which will reduce the possibility of a negative response. Initially, it may be wise to have something (an attractive object or a "mystery box") in your hand which will evoke their interest and curiosity, and, hence, subsequent involvement. Avoid teacher questions that invite a negative reply from a reductant child:

e.g., Teacher: "Would you like to play games?"

(If he says "yes," no problem, but what will you do if the child says "no"? The alternatives are: 1. try to convince him to freensider so you can complete your task and run the risk of the child believing that you really didn't want to know what he wanted to do in the first place; or 2, accept his answer, hoping that the next time he will participate.)

However, recognize that there will be times when children will have valid if unapparent reasons for not participating in the teaching episodes, and permit them appropriate latitude.

- 12. Dramatize the value of learning whenever possible.
- 13. Utilize varied techniques of practice and review. Use lots of examples.

FRANK PORTER GRAHAM CHILD DEVELOPMENT CENTER UNIVERSITY OF NORTH CAROLINA

General Practices at Lunch Time

Circulation Dates May 8 - 22

- I. General plan for table arrangement and adult supervision.
 - A. Tables will be arranged for children to eat in three smaller groups rather than at one large table and one small table.
 - B. There will be an adult at each table.
 - C. Children may choose their places to sit as usual, unless the adults in charge feel it is necessary to make special arrangements—i.e. if a younger child needs special help, or if a combination of children seems particularly disruptive or unruly. Mr. Horton will have the final "say" about such arrangements.



- II. Availability and serving of food,
 - A. Plates are served in the kitchen with small portions of every food,
 - B. They are put on the table all at once.
 - C. Children do not sit down until plates are all set.
 - D. Food will be "ready to eat" when brought to the table-e.g. meats cut up, fruit in proper size pieces, etc.
 - E. Dishes with food for "seconds" are on a tea cart immediately available to the adults at the table, who will serve the children requesting more food.
 - F. Milk will be placed in a pitcher at each table and will be poured by the adult at the table, beginning with 1/3 to 1/2 glassful, and replenished in small amounts as the child wishes more. (Older children may be allowed to pour their own milk if the adult at the table gives approval.)
 - G. "Seconds" of a food will not be served until the child has taken at least a "taste" of each food on the plate.
 - H. Dessert will remain in the kitchen until all children have finished eating their first course,*
 - No child may have dessert unless he has at least tasted all foods served at the main course.
- III. Behavior in regard to eating.
 - A. Consistency in adult behavior is essential.
 - Facouragement and praise is all right but should not be overdone. No "issue" should be made of eating or not eating.
 - Comparisons of eating habits from one child to another should be minimized.
 - Insistence on a certain few essentials will help to make mealtime more pleasant, and may help to solve some of our previous problems.
 - a. Shouting, screaming, and demanding do not gain the desired end. If a child wants something, he must ask for it quietly and in turn. If shouting continues, the child will be told quietly but firmly that he cannot have what he is demanding.
 - b. If a child continues to be disruptive, he may be asked to leave the table and sit quietly elsewhere by himself.
 - B. Mr. Horton is in charge at mealtime and all questions of procedure will be referred to him.



^{*(}Exceptions may be made if, in Mr. Horton's opinion, one or another child eats very slowly or needs more help, and the rest should not be kept waiting until he is ready for desert.)

- C. Children are expected to say "please," and "thank you," to wait their turns, and to ask to be excused when they have finished eating. If they leave the table, they may not return.
- D. Children are expected to wait until all are served before they begin to eat.
- Eating finger foods with fingers, and other foods with forks and spoons is to be encouraged,
- Spills and upsets will be cleaned up without comment, with the child responsible helping wherever practical.

SAMPI	FI	FSSON	ΡI	ΔN

co	NCEPT Sensory Experience	STUDENT Small.Groups
TE.	ACHFR	Date
OB		TIONAL OBJI CTIVE
1.	looking.	it is sweet or sour by smelling, then fasting, then
CR	ITERIA:	
	container.	y smell or taste without being shown the product
MA	TERIALS: 10 baby food glass ja	ns with lids, liquid tea and teabag, katsup bottle, in juice jar, peanut butter jar, vanilla jar, vinegar jar,

PROCEDURE:

- Iell the children that they are going to smell some things to see if they can guess what each is. Ask them to close their eyes.
- Present one substance in a glass jar, Let each child sinell and guess. If the child does not know, ask: "Is it a sweet or your smell?"
- 3. If the child cannot guess correctly by smelling, let him taste if he chooses.
- 4. If the child needs further assistance, show him the product container in which the substance is bought and kept. (peanut butter jar)
- 5. Talk about each substance. its color, smell, uses, where it comes from.
- Lven if the cluld guesses the substance correctly on the first step—sinelling, let him
 experience tasting, and seeing the container to help him form his mental set of the
 substance.

This experience was a success with the children. They met the criteria and were very interested in each substance presented,



EXAMPLES FROM LEARNING TO THINK SERIES

73-74 SPACE THINKING-MAZES

GROUP LESSON. The boy (point to top picture) wants to see the clown on his way to the circus tent. He wants to go the shortest way. He should go this way trace the path all the way through with a pointer or your finger). Now 1 want several of you to show me with your finger the way the boy should go to see the clown and go

on to the tent Be careful which way you turn (Have several children trace the path with their finger)

I will draw a line to show which way the boy should go. (Draw a line to show the shortest way.)

Here is another picture. The paths are different. How should the boy go? (Have several children trace the path with their finger.) Who will draw a line to show the path?

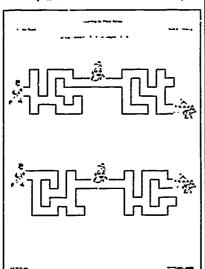
RED BOOK LESSON. Now you are going to draw some lines in the same way in your Red Book. Open your book to the pages with the picture of the

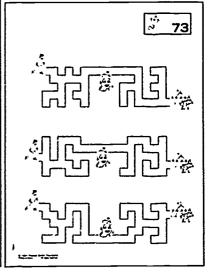
kite at the top. Put a mark on this picture.

In each problem on this page you are to find the shortest way for the boy to go to the tent by way of the clown. Trace the path with your finger until you are sure you have found the shortest way. Then mark the shortest

way Watch to see that the children are marking the short-

Go on to the next page.







63 REASONING-CLASSIFICATION

GROUP LESSON. On this chart we are going to look for pictures of clothing, or things that we wear. We will first the pictures in each row and then we will mark all the pictures of things to wear. (Discuss any pictures that are not clear to the children).

Look at the first row of pictures. Which are pictures of clothing?

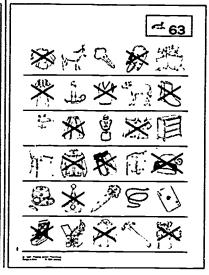
Continue in the same way for the other rows of pictures. Now we will mark all the pictures of things to wear those different children mark the pictures in each of the rows?

RED BOOK LESSON. Now you are going to mark some pictures in the same way in your Red Book.

Open your book to the page with the picture of the soldier's cap at the top. It is something to wear, so we will put a mark on it.

Put your card under the first row of pictures. Mark every picture of something to wear that you can find in this row.

Slide your card down under the next row of pictures, Mark all the pictures you can find of things to wear, Commune in this way until the page is finished.





93-94 VERBAL MEANING-SENTENCE COMPLETION

GROUP LESSON - Listen closely to what I read to you 1. If you want to cut an apple you should use a

Can you finish what I read? One of the pictures in this row (the first) will finish this little story. Which is the picture? (Children will unswer - knile.) That a light it is the paring knile. The whole story would say

"If you want to cut an apple you should use a paring knife."

If the task is not clear ask such questions as Do you use scissors to cut an apple? and Do you use a saw to cut an apple?

Will someone mark the paining knife to show that it is the answer? (Have a child do that)

The other three sentences are presented in the same way

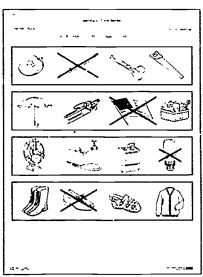
- 2. The soldier leading the parade was carrying a
- When it gets dark, you should turn on the

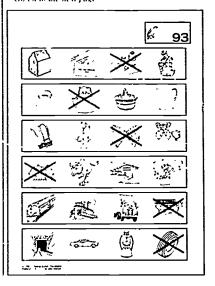
4 Billy is icarning to tic his RFD BOOK LESSON. Open your Red Book to the page with the picture of the parrot at the top. Mark the picture.

Read the sentences as in the group lesson

- ! I would write a letter it I had
- 2. Mother heats water in a
- 3. In her hair Ruth wears a
- 4 The farmer keeps his animals in a 5 The train crosses the river on a
- 6. An automobile must have a

Go en to the next page







SAMPLE LESSONS KATY THE KANGAROO

An important part of the plan for training infants under three years of age is the construction of lessons, materials, and teaching devices to accelerate the development of eognitive skills. The training will involve lessons in fine motor coordination, perceptual accuracy and selectivity, receptive and expressive language, and reasoning. The areas of training are based on statistical studies of the Primary Mental Abilities of Children.*

The next few pages illustrate a few of the lessons which have already been put into use at the Frank Porter Graham Child Development Center. A brief description of each of ten lessons is given below. The lessons are not presented in the order in which they are shown here.

These lessons are all structural in arrangement and purpose, but the teacher is to adapt the method of presentation rather than to follow a precise script. The lessons may be used with individual children or with small groups. The time required for each lesson may be only a few minutes and will never be more than fifteen or twenty minutes.

Presenting Katy

The ten lessons presented here all involve the use of a large, colored matboard figure of Katy—a kangaroo. Katy has a bright-colored plastic apron with nine transparent plastic pockets. Katy is three feet tall and is supported by a firm tail (not shown in the front view) so that she can be used on the floor or on a low table.

The Lessons

Lesson 1. Fow bright-colored figures (all the same color) are placed in the top row of four pockets. The pocket on her chest contains twenty cards, five identical with each of the four figures. These cards are placed so that the back shows through the plastic. The children draw one card at a time from this pack and place it in the second row of pockets directly under the sample card in the first row. In the illustration of Katy, the children have already drawn and placed correctly the circle, the square, and the triangle. Children sometimes want to "play the game" for a longer time. The cards from the second row are then assembled, shuffled, and placed in the top pocket, and the game goes on.

- Lesson 2. The four colored cards shown are placed in any order in the first row of four pockets. The task is to draw cards one at a time from the top pocket and place them in the second row of pockets so that they match the color of the card above them in the first row.
- Lesson 3. The four cards shown in the illustration show pictures of one, two, three, and four candy canes. The task is to match the cards on the basis of number. With very young children, only three, or even only two numbers are used.
- Lesson 4. The four cards shown all have four orange dots, but the arrangement or pattern of the dots varies. The task is to match the patterns.
- *L. L. Thurstone, Primary Mental Abilities, Psychometric Monographs No. 1, Univ. of Chicago Press, 1938.
 - L. L. Thurstone and Thelma Gwinn Thurstone, Psychometric Monographs No. 2, Univ. of Chicago Press, 1941.



Lesson 5. The tour cards shown have pictures of four Jack-O'-Lanterns, varying in size only. The task is to match the pictures in size, I or very young children two pictures, the largest and the smallest, are used.

Summary. These five lessons develop perceptual accuracy and the concepts of shape, color, number, arrangement, and size.

Lesson 6. The four cards used in this lesson show pictures of four people - a man, a baby, a woman, and a girl. The child's task is to match the pictures in the top pocket with the four pictures presented.

Lesson 7. The four cards presented show pictures of four kinds of fruit. The procedure is similar to that of Lesson 6.

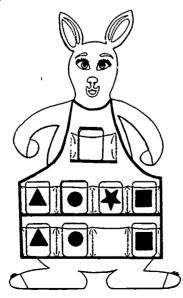
Lesson 8. The four cards presented show pictures of tour elephants. The procedure is similar to Lesson 6. Greater perceptual precision is required in this lesson.

Summar). These three lessons are planned to develop perceptual precision or accuracy. The difficulty of the lessons covers a wide range.

Lesson 9. The four pictures presented in the top row of four pockets show a girl, a man, a woman, and a boy. The pictures on the cards in the pocket at the top include five pictures each of men, women, boys, and girls, all different, and none identical with the four pictures presented. The child's task is to classify the pictures, as shown in the second row of four pictures. The thinking involved goes beyond perceptual accuracy to a simple form of reasoning.

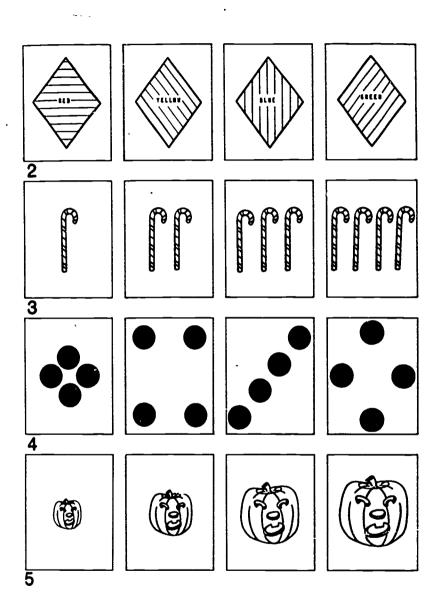
Lesson 10. The four cards presented contain pictures of four classes of animals—animals that can fly, wild animals, animals that live in the water, and farm animals. The pictures in the top pocket contain five pictures of each of these classes of animals which the children sort into the appropriate pockets in the second row of four pockets.

Summary. The last two lessons are planned to develop a simple kind of reasoning or abstraction. We call the task classification and the lessons cover a wide range of difficulty.



KATY THE KANGAROO













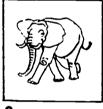


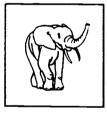


























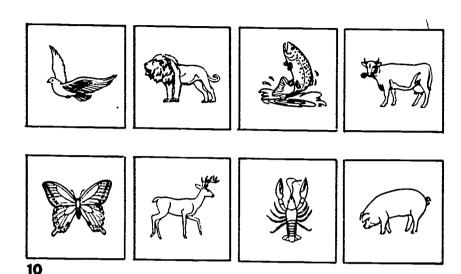






•





SAMPLE CURRICULUM SOCIAL STUDIES

Young children learn social studies through the use of units of interest, field trips, resource people and projects. Some of our units of interest have been: Communication; Special Occasions, Holidays; People in Other Lands; All About Me; Home and Family; Community Helpers.

Some related activities that can be used are:

- Weigh and measure children for growth. Discuss what they like and don't like.
- Provide mirrors in classroom for children to see themselves.
- Take a walk in neighborhood to see houses-brick, frame, apartment houses, housing projects, etc.
- Talk about roles of family members and engage in dramatic play of home activities like cooking, cleaning, washing, caring for baby, etc.
- Talk about how money is secured and spent in the home.
- Invite a fireman, policeman, dairyman, nurse, etc. to come to classroom to tell about duties and to answer questions children may have. Role play some situations discussed.
- Visit fire station, grocery store, police station, museum and other community facilities.
- Use filmstrips, records, movies, etc. to describe the use of trains, airplanes, busses and other forms of transportation.



SAMPLE CURRICULUM MATHEMATICS

Mathematics in the preschool program involves sets and numbers. The following is a brief outline, including some activities, of the sequence that is followed in the classroom:

I. Sets

A. Exposure to classification of objects.

Objective: Fo have children return objects to their proper places, provided places have been designated.

Activities -Have children help arrange unit blocks in storage bins according to shapes. Label areas with pictures of the shape that should go in each section.

-Draw outline of tools on pegboard so that child may place each tool in its proper place.

B. Explanation & Discovery of Basic Ideas and Language of Sets.

Objective: Given experiences in sorting and classifying things in his environment, and hearing the appropriate language, the child can use this language to identify sets around him.

Activities -Ask children about sets.

"How many members are in the set of boys today?"
"How many members are using the work bench now?"

-Have children play "I and The Set" games, such as set of mittens, of boots, of blue sweaters, pictures, etc.

C. Members of a Set

Objectives: To verbally describe sets to child, so that he can distinguish between members of a set and things which are not members.

Activities -Involve a few children at a time in making sets. Use small items which may be handled easily. Ask the children to select a set of: (1) things that are hard; (2) things that roll; (3) things that are soft; (4) things that make noise.

D. Matching One-to-One Correspondence

Objectives: Given two equivalent sets of objects or pictures, the student can demonstrate a one-to-one matching between members of the sets by physically associating the objects or pictures.

Activities -Show the children 5 pencils and 5 blocks. Tell them that you want someone to show whether there are



just as many members in the set of pencils as there are in the set of blocks. After a child has done the matching have the children discuss the fact that for each pencil there is a block and for each block there is a pencil.

II. Numbers

Natural numbers such as cardinal and ordinal, one through five

Objective: Through hearing verbal use of cardinal and ordinal numbers, the child *adopts* them as part of his own vocabulary.

Activities -Have children counting aloud in group.

-Have children help count candles, beads, napkins.

-Instruct children to put items away by giving them directions which designate order such as, "put the puzzle on the second shelf."

B. Discovery and Exploration in Counting and Comparing

Object: Given an environment containing a variety of activities, the child hears, responds to and uses language dealing with comparisons such as in the question how many?

Activities -During an art lesson, you may ask: who has three clowns in their picture; how many colors did you use in that painting; have you painted more pictures than John?

C. Counting

Objective: Given a set of objects, the child can count the members of the set and say corresponding numbers as he touches each member.

Activities —Give children opportunity to count by touching and separating items as they count. Begin with big objects.

-Play store. Counting objects bought or sold as well as play money used.

D. Cardinal use of Numbers One through Five

Objective: The child can recognize numerals and match them with corresponding number of objects

 Given a specific set child can name the number in it then select the corresponding numeral.

L. Natural Numbers



Objective: Given a number such as 5, either spoken or written the child can identify and form sets containing the given number of members.

-Given a shuffled set of numeral cards, the child can arrange them in order.

SAMPLE LESSON **BARBLE BOUNCE**

Name of the Game: "Babble Bounce"

Appropriate Age: Two to five month old infants

Interaction: Individual

Position: Caretaker's position: seated, cradling baby in lap, baby's head cupped in caretaker's hands; face-to-face encounter so baby can watch caretaker's face

and lips.

After baby has been fed and changed and is comfortable, repeat Action: 1. (several times) some sounds with which he might be familiar in

paired back vowels: "ahh-ahh" various patterns; e.g.,

mixed vowels: "ahh-uhh", "oo", "eee" sustained consonants: "m-m-m" step consonants: "p-p-p-p"

- Vary your loudness and pitch to make sounds more interesting. 2.
- Smile and cuddle baby when "talking" to him. 3.
- Give baby time to make his own sounds. This reaction can be en-4. couraged by "turning off" your smiling face when you've finished talking. Baby then seems to recognize that you are waiting for him to do something, to make a sound. When he does make a sound, whether or not by accident, laugh, smile, pat or "nuzzle" him. If he doesn't vocalize, continue to pause a few seconds after each series of your sound patterns. The baby will catch on to this kind of imitative play and keep the conversational ball rolling.
- Introduce words and phrases as appropriate; also environmental or 5. animal sounds for take of variety.
- Avoid bouncing baby unnecessarily or bobbing your head as you 6. talk. Speech movements are small. If child is distracted from observing them by gross motor movements, much value of the activity can be lost.

Aim of the Game:

- To increase amount and frequency of speech-live sounds. 1.
- To help baby develop a wide range of speech sounds, by 2. listening to the caretaker model and by imitating the caretaker model.



SAMPLE-LANGUAGE STIMULATION STRATEGY

Instructions to Cottage Parents Concerning Verbal Bombardment, Language Instruction Techniques

The purpose of these suggestions is to help each cottage parent increase the oral communication skills of the children while they are in their care. Depending upon the age and overall development of the children, verbal output as well as skill in language will vary considerably. These suggestions, however, are for the children who are just beginning to talk, between the ages of 10 months to 2 years. The value of these brief suggestions, however, should increase as each worker makes substantial efforts to interpret them in as many ways possible. Being conscious of these five points should lead to more imaginative efforts in verbal communications between cottage parents and children.

- 1. Keep your statements short and simple, not more than 3 or 4 words long, concerning the activity in which the child is engaged or the toys with which he is playing. The technique of asking, then answering your own questions pertinent to an individual child's activity may be helpful. Example: "Who is taking such big steps? Why Scottic is walking now!"
- Repeat your statement frequently. This repetition can be supplied more effectively if the statement is occasionally sung by the cottage parent. Repetition has more meaning then.
- Talk about only those things you are sure the children will understand, such as the
 cottage unit, the toys in the room, the people they see, the activities that take place
 during feeding or changing.
- 4. Respond to each and every attempt made by any child who speaks, even though it is only a "noise". Respond by imitating him if possible. If imitation is impossible because the sound is completely unfamiliar to adult speech, praise the child by saying things like: that's good, that's fine; or I like to hear you talk. Almost every vocalization by any child should receive immediate attention. (Except shrill screams.)
- 5. Children's "noises" sometimes sound very much like words. When this occurs, the word should be fed back to the child, rather than trying to imitate his noise. If there is a movement or gest are for the word (such as "jump, me," etc.,) you should use this gesture with the word as you say it.

